

# Covid-19 Volunteer Application



The Salvation Army must take all necessary steps to ensure the safety of our volunteer workforce and our clients, and avoid contributing to further spread of Covid-19. Therefore, we are asking some additional questions of our potential volunteers.

**Please confirm (by circling NO) that you do not fall into any of the following ‘high risk’ categories:**

1. Cancer	<b>NO</b>	2. Diabetes	<b>NO</b>
3. Hypertension (High Blood Pressure)	<b>NO</b>	4. Immune-compromised/Immune suppressed	<b>NO</b>
5. Liver/Kidney/Heart disease	<b>NO</b>	6. Respiratory Conditions (inc. Asthma):	<b>NO</b>
7. Over the age of 60	<b>NO</b>		

8. Do you currently have any cold like symptoms including shortness of breath, runny nose, or sore throat.	<b>Y</b>	<b>N</b>
9. Have you or anyone in your household traveled out of the country in the last 3 weeks?	<b>Y</b>	<b>N</b>
10. Have you or anyone in your household been in close contact with anyone who has COVID-19?	<b>Y</b>	<b>N</b>
11. Are you, or is anyone in your household, a healthcare worker caring for a Covid-19 positive patient?	<b>Y</b>	<b>N</b>
12. Are you able to lift 50 lbs	<b>Y</b>	<b>N</b>

**You must carry a cell phone while volunteering and check in with the office periodically:**

13. Cell Phone number:	
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**Please circle to confirm you understand the following:**

14. All volunteers are responsible for ensuring that they maintain physical distancing of 2m (please circle to confirm):	<b>I Understand</b>
15. Volunteers must travel in separate vehicles unless they are from the same household:	<b>I Understand</b>
16. <b>Client confidentiality is non-negotiable.</b> I also agree that all client data that I am privy to during my volunteer duties will remain confidential.	<b>I Understand</b>
16. If you are using your own vehicle, do you require payment for mileage	<b>Y</b> <b>N</b>

**NOTE:** If you will need to use the Salvation Army van, you will need to produce a driver abstract.

17. Name of emergency contact:		18. Phone # of emergency contact:	
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**Declaration:** I am Comfortable serving as a volunteer for The Salvation Army in this capacity. The information provided is correct to the best of my knowledge. I agree it is my responsibility to immediately notify The Salvation Army if any of the above responses change, during my Volunteer assignment.

<b>Please print your first and last name:</b>		
<b>Your signature:</b>		<b>Date:</b>