



# Blue Mountain Region Long Term Recovery Group **COVID-19 Volunteer Waiver Form**

**The COVID-19 Volunteer Waiver will be signed by the volunteer when they arrive at the project.**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I affirm:

- I have read the COVID-19 Volunteer Awareness Form and have taken it into consideration prior to serving with BMRLTRG.
- I understand the COVID-19 risks of serving at an BMRLTRG project.
- I do not have symptoms and have not been knowingly exposed to COVID-19 within the last 14 days.
- I will practice appropriate COVID-19 safety and health measures prior to, during, and following my term of service with BMRLTRG.
- If I become ill with COVID-19 and BMRLTRG is unable to provide a quarantine room, I am willing to cover the costs related to sheltering in place or for returning home before the end of term.
- I am willing to follow BMRLTRG practices at the project, including those established to help prevent transmission of COVID-19
- I will inform BMRLTRG immediately if I become ill with COVID-19 within 14 days following my term of service with BMRLTRG.
- If there is a suspected/confirmed case at the project where I am volunteering, I will not share this news via social media.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **BMRLTRG Instructions**

1. Each volunteer will sign and complete this form.
2. Signed forms will be kept on file in the project office until the end of the service term for the above named person.
3. At the completion of service, send forms to the Binational Office, along with Vol 02 Weekly Volunteer Registration Form.