



COVID-19 RELEASE FORM FOR VOLUNTEERS

I, _____, wishing to volunteer my time and services for Advanced Mentoring Enrichment Network (A.M.E.N.) Midnight Basketball Program, hereby acknowledge that said organization is doing everything they can to protect the public as well as myself as a volunteer. To this extent, I agree to follow Center of Disease Control (CDC) and local health district guidelines and Advanced Mentoring Enrichment Network policies and procedures to reduce the spread of COVID-19. This will require me to maintain, whenever possible, six (6) feet distance between myself, fellow volunteers, and student athletes of the organization.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing. Before eating or preparing meals for distribution, I will properly wear and utilize sterile gloves.

I understand that I may be informed of, or encounter, sensitive Personal Health Information (PHI) for those that serve and/or participate in the Advanced Mentoring Enrichment Network program. I agree to hold this information in confidence and will not disseminate any PHI except as allowed by law and/or per the policy and procedure of the Advanced Mentoring Enrichment Network organization.

I understand that there is no direct medical health coverage afforded to me during my relationship with Advanced Mentoring Enrichment Network. Advanced Mentoring Enrichment Network is not responsible for any potential exposure to COVID-19, which is not a direct result of negligence on the part of their staff, volunteers or the organization. Unless specifically stated in writing, I understand that there is no Pennsylvania State Labor and Industries employment security insurance provided to me.

By signing below, I agree to comply with the written instructions above. Failure to comply with these written instructions, or any verbal instructions that may be provided to me by a staff member of Advanced Mentoring Enrichment Network, may result in my volunteer privileges being removed and I may be asked to leave the premises.

PRINTED NAME _____ DATE _____

SIGNATURE _____