



HEP Contact:
Jessica Jaimes, Volunteer & Event Specialist
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COVID-19 RELEASE & AGREEMENT

Within this agreement "I" denotes each individual volunteer.

COVID-19 VOLUNTEER AGREEMENT

In signing this document, I understand and agree to the following:

- The volunteer agrees to abide by the policies and procedures provided to me by HEP staff, especially those related to COVID-19.
- The volunteer agrees to abide by all CDC guidelines, especially those related to COVID-19.
- The volunteer agrees to be flexible and adhere to all changing policies and procedures set out by the Homeless Empowerment Program and CDC as the COVID-19 pandemic progresses.
- The volunteer understands that the Homeless Empowerment Program Leadership is following the COVID-19 pandemic closely and will make decisions for the best interest of the HEP community and can change with or without notice at any time.
- Volunteers 17 years of age and younger must have parental approval to volunteer on HEP's campus during the COVID-19 pandemic.

CONSENT, RELEASE and WAIVER OF LIABILITY

I understand that if I am injured or become ill while acting as an unpaid member of the volunteer staff that I am not covered by Florida State Worker's Compensation Law. I relieve Homeless Empowerment Program (HEP) of any liability and accept the responsibility to pay all medical bills connected with any injury, real or alleged, or illness incurred while I am engaged in any duties as an HEP volunteer. If I am unable, I authorize the HEP staff to seek emergency medical treatment in case of accident, injury or illness. It is the responsibility of the volunteer to have an updates emergency contact filed with HEP and the Volunteer & Event Specialist.

I understand that to volunteer, I must abide by the established rules and codes of conduct, including COVID-19 related policies & procedures, established by HEP staff and the CDC. HEP reserves the right to dismiss me as a volunteer due to my disruption of activities, including but not limited to verbal and physical aggression against staff or other participants, failure to follow safety or HEP instructions, failure to follow CDC guidelines and any other disruptive behavior. A volunteer's dismissal will be at the discretion of the staff of HEP. During COVID-19, any negligence in abiding by COVID-19 policies and procedures is considered a serious violation and means for up to and including immediate dismissal. I understand and agree to assume any and all risks associated with my volunteer activities, including COVID-19 related illness. In consideration of being permitted to participate in various volunteer activities with HEP, as indicated above, and to use equipment in conjunction with such activities belonging to Homeless Empowerment Program, I hereby assume all risks of personal injury, illness, and/or property damage to myself in any way associated with my volunteer activities and voluntarily release, discharge, waive and relinquish any and all claims or actions for damages for personal injury, death, or property damage which I may have, or which I may hereafter accrue as a result of my participation in such activities and while I am on the property of HEP for any reason. This release is intended to discharge HEP, in advance, from any and all liability arising out of or connected in any way with my volunteering at HEP or other activities even though that liability may arise out of negligence or carelessness on the part of HEP.

I further agree to indemnify and hold harmless Homeless Empowerment Program for any loss, liability, damage or expense which they may incur as result of any injury or illness that I might sustain or any claim that I might bring as a result of participating in the above activities and covenant not to sue HEP or any its affiliates, directors, officers or staff.

I acknowledge that I have carefully read this document and fully understand that this is a waiver and release of liability. I have received a copy of this document and I certify that I am a parent/guardian of the child under the age of 18, as signed below, and that this child may volunteer at the Homeless Empowerment Program during the COVID-19 pandemic. I have read the above thoroughly before signing and had the ability to ask any questions pertaining to this document.

Volunteer Signature

Date

Parent/Guardian signature of volunteer under 18

Date

Please turn in the signed form to the HEP Volunteer & Event Specialist **BEFORE** volunteering. Additional paperwork and training may be required.
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