

Sudbury Senior Center

Council on Aging Town of Sudbury, Massachusetts

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Waiver of Liability and Hold Harmless Agreement Sudbury Senior Center Volunteer participating in Volunteer Role

Sudbury Senior Center volunteer participating in volunteer Role				
,, the undersigned, voluntarily agree to participate in one or more of the Town of Sudbury Senior Center Volunteer Roles, including but not limited to				
those listed in APPENDIX 1 enclosed. These services/roles may take place at a senior's residence, the Senior Center, within my automobile, a Town building, or local or non-local office or business.				
am aware and acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious, and is believed to be spread mainly from person-to-person contact. While the Town of Sudbury Senior Center has taken measures in an effort to reduce the spread of COVID-19, I acknowledge that the Town cannot guarantee that I will not become infected with COVID-19 and I acknowledge that participating in any Volunteer Program or Volunteer Role may increase my risk of contracting COVID-19.				
understand the symptoms listed in Appendix 2, and prior to carrying out any volunteer work/role in any Senior Center volunteer capacity, I will affirm that:				
I, as well as all household members, do not currently have, nor have experienced the symptoms isted in Appendix 2 within the last 14 days.				
, as well as all household members, have not been diagnosed with COVID-19 within the past 14 days.				
have not been considered a "close contact" to someone who has been diagnosed with COVID-19 or is awaiting COVID-19 test results at this time.				
, as well as all household members, have not knowingly been exposed to anyone diagnosed with				

I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 14 days.

I, as well as all household members, have not traveled outside of the country, or to any US state or city considered to be a "hot spot" for COVID-19 infections within the past 14 days. If I or any household member have traveled outside of MA within the past 14 days, we have complied with all current travel requirements in place by the State of MA related to COVID-19.

I agree to notify the appropriate staff of the Senior Center immediately if I experience symptoms listed in Appendix 2, have confirmed exposure to the virus, or I have tested positive for the virus within 30 days of carrying out volunteer work for the Senior Center.

I understand the hazards of COVID-19 and am familiar with the CDC (Center for Disease Control) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.

I agree to comply with all safety protocols as required by the Senior Center, including wearing a mask at all times when in my volunteer role(s), and other protocols issued by the CDC which are subject to change.

Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby choose to participate in one or more of the Volunteer Programs or Volunteer Roles.

I understand that by participating in a Volunteer Program or Volunteer Role, I might be in situations where maintaining 6 feet of distance might not be possible.

I acknowledge and fully assume the risk of illness or death related to any and all illness or injury, including, but not limited to, COVID-19, arising from my participation in a Volunteer Program or Volunteer Role. I agree to forever release, waive, discharge, and covenant not to sue the Town of Sudbury and the Sudbury Senior Center, and all their employees, officials, agents, board members, other volunteers and any and all individuals involved in the Volunteer Programs/Roles, from any liability related to any and all illness or injury, including, but not limited to, COVID-19, which might occur as a result of my participation in a Volunteer Program or Volunteer Role.

The terms of this Release shall also be binding as to any other persons, including family members, heirs, executors, or administrators. I understand that this is a binding contract that supersedes any other agreements or representations and is intended to provide a comprehensive release of liability but is not intended to assert any defenses which are prohibited by law. If any part of this Release is deemed unenforceable, all other parts shall be given full force and effect.

In signing this agreement, I acknowledge and represent that I have read the foregoing "Waiver of Liability and Hold Harmless Agreement," understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Signature	 	 	
Print Name _	 	 	
Date:			

APPENDIX 1 - List of Sudbury Senior Center Volunteer Programs and Volunteer Roles

Fix-It Home Repair Volunteer Program

F.I.S.H. (Friends in Service Helping) Volunteer Program

Baked Goods Volunteer Program

Council on Aging

Friendly Visitor Volunteer Program

Phone Buddies Volunteer Program

Sand Bucket Delivery Volunteer Program

Leader/Moderator of class/program/presentation

Newsletter Collator

Special Events Helper

Grocery Shopping Volunteer Program

Soup's On Volunteer Program

Goodnow-to-Go Volunteer Program

Kitchen Helper

Home-Delivered Mid-Day Meal (Meals on Wheels) Driver

Intergenerational Projects (LINC)

SHINE Counselor

Medical Escort

Trip Coordinator

Special Projects

Support Group Leader

English Tutor

Leaf Removal

Legal Counseling

Audiologist

Technology Support

Tax Support

Administrative and/or Technical Assistance

APPENDIX 2 - COVID-19 Symptoms

People with COVID-19 have had a wide range of symptoms reported- ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.

People with these symptoms may have COVID-19:

- Fever (100.4 or higher)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Sudbury Senior Center Volunteer Rights and Expectations

A volunteer has the right to:

- work in a healthy and safe environment
- only undertake tasks that he/she/they are comfortable with, or are physically capable of performing to an adequate standard.
- be given tasks that match his/her/their personal goals, skills and motivation as far as is possible
- have a description of the volunteer role(s)
- be provided with sufficient training to do the volunteer role(s).
- receive other support and training if necessary.
- have his/her/their confidential and personal information dealt with in accordance with the principles of the Privacy Act
- have access to a grievance procedure
- understand the lines of supervision by the staff at the Senior Center

A volunteer is expected to:

- Respect confidentiality and privacy
- Be punctual, reliable, and accountable
- Carry out the duties listed in the volunteer job description(s)
- Give notice if his/her/their availability changes or if he/she/they are resigning
- Report any injuries or hazards that he/she/they notice in the workplace
- Report any concerns or needs that he/she/they have about the senior being serviced
- Adhere to the Senior Center's policies and procedures
- Undertake training as requested
- Ask for support when needed

I,, understa	nd my rights as a volunteer of
the Sudbury Senior Center.	
I understand the expectations of being a volunteer of the Sudbury meet them.	Senior Center and I pledge to
I understand that at any time I can turn down a request to volunte taking on a volunteer role, or resign from my volunteer position.	eer, change my mind about
Signature	_
Name	
Date	