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**Volunteer Services**

615 Fulton Street

Port Clinton, OH 43452

419-732-4014

**VOLUNTEER CONSENT FORM**

Magruder Hospital welcomes back our volunteers to limited service beginning August 3, 2020. The following guidelines and procedures are in place for the safety of volunteers, patients, staff and visitors. ***Please read and sign this document and return to the Volunteer Services office prior to or the first day of service.***

**ENTRY TO THE BUILDING**

Please wear your own cloth mask. Your temperature will be taken at your entry point or within your service department. The mask must be worn at all times throughout the hallways of Magruder.

Hand hygiene: Use sanitizer and/or wash hands thoroughly throughout your shift.

**DEPARTMENT/MISCELLANEOUS GUIDELINES**

Within your office space/department: Staff will make accommodations that ensure social distancing for your workstation. Please follow the specific guidelines within your service department. In most back offices or ‘behind the scenes’ areas, the mask need not be worn if you are alone in your work area. Any patient or customer-facing volunteers such as information desks must wear their mask at all times. You may remove your mask while eating in the café.

General sign-in station: Please consider signing in with your own personal pen in the volunteer services book at the front desk/welcome desk. If not, please perform hand hygiene before touching the pen.

Please do not make any non-essential walks or visits to other areas of the hospital.

Shifts may be adjusted to accommodate the amount of work available as well as your own comfort level in your length of stay.

All other safety guidance or precautions adopted by Magruder or your assigned department must be followed.

Please **DO NOT** come to service if you are not feeling well, suffer from medical conditions that place you at increased risk when exposed to groups of people, have a fever, cough or are feeling fatigued.

**(over)**

**VOLUNTEER ACKNOWLEDGMENT & RELEASE**

By signing this Acknowledgement & Release, I acknowledge reading and understanding the Volunteer Consent Form and am volunteering my services at H.B. Magruder Memorial Hospital (“Magruder”). I acknowledge that my participation is completely voluntary and is being undertaken with no promise or expectation of compensation, favors or benefits. I am aware that, by participating in any Magruder activities, I may be exposed to personal illness or injury or damage to my property as a result of my activities, the activities of other person(s) or the conditions under which my volunteer services are performed. With full knowledge and understanding, I accept any and all risks of damage, injury, illness, or death and I release and discharge Magruder, its officers, directors, medical partners and employees, from any claims for damages or injury and from all liability arising out of my presence and participation as a volunteer at and for Magruder. I have carefully read this Acknowledgement & Release, and fully understand its contents. I am aware that this is a release of liability and I freely and voluntarily accept the terms. I certify that I am at least eighteen (18) years of age or I have had this document signed by my parent or guardian. I further state that I am in proper condition for participating in these activities. I agree to abide by the rules established by Magruder, as well as all health and safety requirements and guidance.

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Print Name Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_