

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the Jefferson Educational Society (JES). Please read and complete this form. We ask that you PRINT CLEARLY.

APPLICANT INFORMATION

Date

Full Name

Pronouns

Email

Date of Birth

Address

Phone #

EMERGENCY CONTACT INFORMATION

Emergency Contact

Relationship

Phone #

Preferred Hospital

Please list any accommodations needed

COVID-19 ASSUMPTION OF RISK WAIVER

- As a volunteer for the JES, I expressly affirm and acknowledge that an inherent risk of exposure to communicable diseases, including *but not limited to* the coronavirus disease commonly referred to as COVID-19 and any mutation or variation, exists in any confined place where people are present and may result from the actions, omissions, or negligence of others who attend or participate in the meeting or event, their families, colleagues, or others with whom they may have contact.
- I am further aware and affirm that JES *cannot* prevent the possibility of exposure to COVID-19 at its facility or during my transportation to and from its location. I am aware and affirm that volunteering at JES involves risk of exposure from staff, other volunteers, and/or JES lecture attendees.
- I am expressly aware of and affirm the potential health risks that may occur if I am exposed to COVID-19, up to and including death, and that my exposure brings with it the possibility of my exposing others, including members of my household or other communities.
- I acknowledge and I am aware of CDC and other public health recommendations concerning risks COVID-19 exposure presents to individuals in certain age groups and/or with high-risk health conditions.
- **I affirm that this waiver, in its entirety, includes all liability or claim that I, the volunteer may have against the JES, with respect to any exposure I may have to COVID-19 as a volunteer.**

Volunteer (Signature)

Date

Witness (Signature)

Date
