



A private non-profit organization – empowering our communities to thrive

1921 E. Murray Dr., Farmington, NM 87401

Volunteering with ECHO, Inc.

Thank you so much for your interest in supporting ECHO, Inc.'s hunger relief work during this time of crisis. ECHO, Inc. is rapidly adapting to serve as a disaster relief organization in response to the novel coronavirus (COVID-19). The health and safety of our community are a top priority—and that includes providing access to food while protecting the well-being of all people involved. To help keep New Mexico healthy and safe, please help us with the following:

1) Assess whether it is safe for you to volunteer.

- All individuals who are sick and/or showing flu-like symptoms (cough, sneezing, shortness of breath, fever, etc.) may not volunteer for food and personal safety reasons. Please stay home and get well.
- If you have been in direct contact with someone who has a confirmed or suspected case of COVID-19, you may not volunteer, regardless of vaccine status.
- If you are at high risk of contracting the virus (older individuals and/or those with underlying health conditions) we strongly encourage you to NOT volunteer.

Please assess whether it is safe for you to volunteer on a continual basis. Although ECHO, Inc. is employing significant measures to increase sanitization and social distancing in all volunteer and staff activities, being around others (while volunteering) carries inherent risk in terms of contracting COVID-19.

- ### 2) If you would like to volunteer, please review the following information carefully and fill out the paperwork.
- You can also fill out the paperwork on your first scheduled shift. Due to the social distancing measures ECHO, Inc. is employing to keep volunteers and staff members safe, all shifts need to be scheduled. Please contact fooddirector@echoinc.org to schedule a shift. In addition to some of the usual volunteer activities, additional shifts, new volunteer positions, and altered schedules will very likely take place. To stay informed once you have been enrolled as a volunteer, please check your email and ECHO Inc.'s frequently (www.echoinc.org).

Whether you decide to not volunteer or are able and willing to join the team, thank you so much for helping us keep our community healthy and safe!

The ECHO, Inc. Volunteer Enrollment Form

Contact Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____

E-Mail Address: _____

Emergency Information

Contact person: _____

Contact phone: _____ Alternate phone: _____

Do you have any medical conditions, allergies or physical limitations we should know about? _____

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that others depend on my participation as a volunteer and I agree to contact ECHO, Inc. if I am unable to participate in an activity for which I have registered.

Signature

Date

FACILITY VISITOR SCREENING QUESTIONNAIRE

In response to concerns regarding COVID-19 (coronavirus disease 2019), and in accordance with guidance issued by the Centers for Disease Control (CDC), this facility is screening all visitors for certain risk factors before entrance is allowed. Facilities may restrict or limit visitation rights for reasonable clinical and safety reasons, specifically to prevent community associated infection or communicable disease transmission to the residents.

Please answer the following questions and certify your answers by signing below:

QUESTIONS

YES NO

- 1. Have you had signs of a respiratory infection in the last 14 days, such as a fever, cough and/or sore throat?
- 2. Have you had contact with anyone who has been diagnosed with, or screened for COVID-19?

Name: _____

Signature: _____

Date: _____

Any questions marked "YES" indicate you are not able to volunteer with ECHO, Inc. at this time.

Volunteer Release and Waiver of Liability

- 1. **Volunteerism:** I understand I am a volunteer at ECHO, Inc. . I understand (i) I am not an employee of ECHO, Inc. , (ii) I will not be paid for my participation and (iii) I am not covered by or eligible for any insurance, health care, worker’s compensation or other benefits. I may choose at any time not to participate in an activity, or to stop my participation entirely, with ECHO, Inc.
- 2. **Policies and Safety Rules:** For my safety and that of my others, I will comply with ECHO, Inc.’s volunteer policies and safety rules and its other directions for all volunteer activities.
- 3. **Assumption of Risk:** I understand the activities/work may be hazardous, including but not limited to, lifting, bending, repetitive tasks and other activities. I hereby expressly and specifically assume the risk of injury or harm and release ECHO, Inc. from all liability.
- 4. **Release and Waiver:** I release and forever discharge and hold harmless ECHO, Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to ECHO, Inc. I understand and acknowledge that this release discharges The ECHO, Inc. from any liability or claim that I may have against ECHO, Inc. with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to ECHO, Inc. or occurring while I am providing volunteer services. I forever discharge ECHO, Inc. from any claim whatsoever which arises on account of any first-aid, treatment or other service rendered in connection with an emergency during my tenure as a volunteer with ECHO, Inc. I understand ECHO, Inc. does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.
- 5. **Confidentiality:** I may have access to sensitive or confidential information, including, but not limited to, identity, address, contact information, credit card numbers and financial information of ECHO, Inc.

clients, volunteers, donors and staff. At all times during and after my participation, I agree to hold in confidence and not disclose or use any such confidential information except as required in my volunteer activities.

I have read, understand and agree to the above policies, procedures and waivers of ECHO, Inc.:

Date: ____/____/____

Volunteer Signature: _____

Volunteer Name (PRINTED): _____

Legal Guardian's Signature (if under 18) _____

Measures ECHO, Inc. is taking to protect staff and volunteers include (but are not limited to):

- Volunteers are screened for COVID symptoms each time they volunteer.
 - Volunteer communications facilitate informed consent (based on the CDC's and NM DOH's recommendations), and encourage volunteers to stop volunteering at any time, for any reason.
 - Staff deep cleans and sanitizes volunteer spaces before and after each volunteer shift, and sanitizes high-touch surfaces throughout the day.
 - Volunteers are required to wash hands regularly.
 - Volunteers are provided a safety training before each shift including:
 - Emphasizing the importance of hygiene and safety practices
 - Encouraging individuals to opt-out for any reason
 - Personal hygiene and glove use instructions
 - Social distancing instructions and demonstration
 - Reminder to work slowly, with safety in mind
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