



Shepherd Wellness
Community

Helping people living with
HIV/AIDS improve their wellness

Volunteer Sign-in Sheet

For insurance and safety purposes, all volunteers
must read & complete this form for every event.

Updated 5/11/2021

THANK YOU for volunteering! Your gift of time makes our programs possible.

Are you vaccinated for COVID-19? Yes No Date of vaccination _____

Vaccination Card certified by staff

⇒ Tell us if you're sick

I am not sick I have a cold, cough, or runny nose or other communicable illness

⇒ Wear safe clothing

Open toe shoes and tank tops are not permitted. Beards longer than 1" require a net.

⇒ Wash your hands in the handwash sink in the kitchen before you start

Use soap, wash hands often, especially before handling food or after using the restroom

⇒ Wear gloves & change them often (they are inexpensive)

Throw your gloves away every time you take them off

Put on a new pair after you go to the restroom, eat, or touch your face or hair

⇒ Wear an apron when you are in the kitchen or serving food

Throw your apron away and put on a new apron after you go to the restroom or handle trash

⇒ Please don't hang-out in the kitchen when not working

Relax in the dining room and enjoy a snack--we'll need you later

⇒ Please don't eat or drink in the kitchen

⇒ Our Wellness Dinner Schedule:

6:25 Announcements and Circle of Friendship

6:30 Dinner served

7:15-8:00 Cleanup PLEASE DON'T START CLEARING TABLES WHERE ANYONE IS SITTING

PLEASE STORE PURSES OR VALUABLES UNDER THE KITCHEN COUNTER

Record your contact information - Agree to confidentiality and photo permission

I understand that while volunteering, I may learn facts about individuals of a highly personal and confidential nature. Examples are: HIV status, medical condition and treatment, mental health, addiction issues, finances, living arrangements, employment, and sexual orientation. I understand that all such information, by law, must be kept confidential. I agree not to disclose any information without the written consent of the individual to whom the information pertains.

I grant to Shepherd Wellness Community the right to copyright, use and publish photographs taken of me during my volunteer service, with or without my name, for any lawful purpose, such as: publicity, advertising, fund raising and web content. Please tell our staff photographer if you do not wish to be included in a photo.

NAME: _____ ORGANIZATION _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____ EMAIL: _____

DATE: ___/___/___ ARRIVAL TIME: _____ DEPARTURE TIME: _____ TOTAL HOURS: _____