

## Consent form for Volunteers assisting health and social service institutions during the COVID-19 pandemic

To help you make an informed decision, you must fully understand the inherent risks you will take when you volunteer during the COVID-19 pandemic (read and check ):

- When you volunteer with a resident/patient/user or employee, there is an increased risk that he or she, the other residents/patients/users and employees will contract COVID-19.
- When you volunteer at a healthcare/social service institution or private home, there is an increased risk that you will contract COVID-19.
- In addition, the people most at risk of developing complications after contracting COVID-19 are those aged 65 and over, and/or those who are more vulnerable due among other things to cardiovascular disease, lung disease, high blood pressure, diabetes and chronic renal diseases, and/or those with compromised immune systems.

Based on the above, I, (print name) \_\_\_\_\_ :

- certify that I have understood the inherent risks arising from the decision, as listed above;
- certify that I have read the information on monitoring for symptoms, hand hygiene, respiratory etiquette and the use of personal protective equipment;
- will comply with the conditions and instructions imposed by the institution or by the public health authorities regarding infection prevention and control;
- agree to wear appropriate personal protective equipment as required;
- understand that if I fail to comply with the conditions and instructions imposed by the institution or by the public health authorities, the institution may terminate my volunteer involvement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)