COVID-19 Waiver

COMMUNITY & FAMILY SERVICES
"Empowering People to Improve"

Today's Date: ____ / ____ / _____ Time-In: ____:_____ Time-Out: ___:_____

Organization/Company Name:

_____

Mailing Address:

_____

Group Leader's Name: _____ Group Leader's Phone: _____

Group Leader's Email Address: _____

PLEASE READ THE FOLLOWING

The Community & Family Services, Inc. Food Pantry & Thrift Store has an important mission to provide access to food for people in need, especially in times of crisis. We are also committed to the safety of our staff, volunteers and clients. The seriousness of COVID-19 is prompting us to take immediate steps that balance the demands of our mission while ensuring everyone's safety at the Food Pantry & Thrift Store.

By signing below, you are affirming that you are NOT experiencing symptoms of illness right now nor have you been in contact with anyone showing symptoms of illness. If so, please refrain from volunteering today.

Please sign your name in one of the boxes below: