

# HEALTH AGREEMENT



OUR GOAL: To welcome as many people as possible who are willing to serve in a safe and God-honoring way.

INSTRUCTIONS: Complete the following form regarding your health and preparation for arriving to serve at Gleanings For The Hungry. All volunteers must be able to answer **YES** to at least one of the health/safety steps below. *Important note for volunteers who have had COVID-19 in within the past 3 months: please complete STEP 2 and STEP 3.*

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STEP 1: **Have you been healthy<sup>①</sup> and free from close contact<sup>③</sup> with sick<sup>④</sup> people for the last 5 days?**  
 **YES** ↪ You are ready and welcome to come and serve. Proceed to **SIGN**.  
 **NO** ↪ Please take a Covid test.

STEP 2: **Do you have a positive Covid test or Covid symptoms?**  
 **YES** ☹️ Thank you for your willingness to serve. Please do not come at this time. We invite you to come and serve at Gleanings when you are completely well and able to meet the requirements.  
 **NO** ↪ You are ready and welcome to come and serve. Proceed to **SIGN**.

**SIGN: I am healthy and the answers I have provided above are true.**

Print Participant's Full Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ (If participant is under 18 yrs.)

Group Name: \_\_\_\_\_ (if applicable)

**WEEK GROUP**    **DAY GROUP**    **LONG TERM (MISSION BUILDER/BACKPACKER)**

DEFINITIONS:

- ① **Healthy:** Free from COVID-19 symptoms and have not received positive COVID-19 test within the last 14 days. (COVID-19 symptoms: **fever or chills, cough, shortness of breath or difficulty breathing, fatigue (tiredness), muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea** - [www.cdph.ca.gov](http://www.cdph.ca.gov))
  - ② **Fully Vaccinated:** Someone is considered fully vaccinated two weeks or more after their second dose of Pfizer/Moderna, or two weeks or more after receiving the single dose J&J vaccine. [www.cdc.gov](http://www.cdc.gov)
  - ③ **Close Contact:** Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). [www.cdc.gov](http://www.cdc.gov)
  - ④ **Sick:** Sick means showing any of the COVID-19 symptoms mentioned above.
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**Please be aware that you are welcome to take any personal preventive measures for your own health while serving at Gleanings.**  
THANK YOU FOR YOUR WILLINGNESS TO SERVING THE LORD WITH US!

# Mandatory Release and Waiver of Liability



I/We, \_\_\_\_\_, (the adult participant(s) or legal parent/guardian of the minor participant) do hereby release Youth With A Mission (YWAM) Gleanings For The Hungry, Inc., any of its staff, volunteers, or representatives, from any liability whatsoever arising out of any injury, damage or loss which may be sustained by the participant during the course of involvement with YWAM Gleanings For The Hungry, Inc.

I/We understand and accept all liabilities knowing that the participant will be exposed to risks associated with a rural agricultural setting and with activities involved with a food production facility. These risks include, but are not limited to the following common activities:

- Being in close proximity to and operating large machinery with moving parts, including food processing machinery, power tools, and landscaping equipment
- Working in the vicinity of forklifts and semi-trucks
- Exposure to chemicals used for food preservation (sulfur dioxide), pool maintenance (chlorine), and general cleaning
- Working outdoors in extreme heat
- Helping in a commercial kitchen
- Being near or in a pool that does not have a lifeguard present

## Medical Release

In case of emergency, I/we (as the adult participant or legal parent/guardian of the minor participant), hereby agree to allow the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary. If the participant needs medical treatment as a result of his or her participation with YWAM Gleanings For The Hungry, Inc., I/We also accept full responsibility for any costs incurred as a result of such medical treatment.

## Photographic Release

I/We (as the adult participant or legal parent/guardian of the minor participant) grant and convey to YWAM Gleanings For The Hungry, Inc. all rights, title, and interest in any and all photographs, images, video, and audio in connection with volunteer services by the participant at YWAM Gleanings For The Hungry, Inc. This agreement includes photos taken both on and off campus or any outreach location. I/ We agree and will allow YWAM Gleanings For The Hungry, Inc and any staff or representatives to use any photographs, video or audio of the participant for any printed material, videos or any website. By signing in the designated box below, I/we express my/our understanding and intent to enter into this Release and Waiver of Liability, Medical Release, and Photographic Release willingly and voluntarily. (If you are signing this for your entire family and your spouse will be attending as well, both adults must agree and sign below.)

**Signatures:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

Adult Participant/Legal Parent/Guardian

Dates of Volunteer Participation

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name & Age of Minor Children Included in the Liability Waiver:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

If a minor child is being registered with this form by an adult that is NOT attending, please enter an emergency contact name and phone number. (Adults may enter a contact, if they desire.)

Emergency Contact Name Emergency Contact Number(s) \_\_\_\_\_