

COVID-19 HEALTH GUIDELINES AND QUESTIONNAIRE

Each volunteer must complete, sign and submit this form to a HopeBUILDERS representative prior to volunteering.

Name	eDate	
Worksite Location (Address or Client Name)		
COVID-19 Health Guidelines HopeBUILDERS has implemented the following updated health and safety guidelines, guided by local, state, national, CDC and other health and safety recommendations. Please initial by each statement to acknowledge these guidelines.		
	<i>Masks:</i> We require staff and volunteers to wear masks when inside a client's home. We strongly encourage wearing masks when outside, when at all possible. If you do not have a mask, HopeBUILDERS will provide one for your use.	
	Social Distancing: We will maintain social distancing (6 feet of separation) when at all possible. We social distancing is not possible, we strongly encourage wearing a mask.	hen'
	Hand Washing and Sanitization: We require frequent and thorough hand washing practices in accordance with CDC guidelines (or hand sanitization when hand washing is not available). HopeBUILDERS will provide soap, sanitizer and cleaning supplies at project sites.	
	Worksite and Tool Sanitization: An assigned HB staff member or volunteer will sanitize the works upon arriving and before leaving for the day. We will sanitize HopeBUILDERS tools and other commonly touched items frequently, and at the beginning and end of a work day. Where possible will implement a 1 tool, 1 person policy.	
	Notification: We request that if you experience a fever, respiratory illness or a suspected or confir case of COVID-19 within 14 days of volunteering with HopeBUILDERS, you will notify us immediate	
	Client Communication: Prior to visiting a work site, we will verify that no one in the household is it has a suspected or confirmed case of COVID-19. We will also obtain permission from the homeow to be present at their home (outside or inside) and ask the homeowner to practice social distancing with all HopeBUILDERS staff and volunteers.	ner
Staff a	h Questionnaire and volunteers will complete this health questionnaire every day they are at a worksite. If the answ to any of the questions, they will not be permitted on the premises and will be asked to leave.	er
Have you traveled to an area with known local or international spread of COVID-19 in the past 14 days? Y or N		or N
Have you, or anyone in your residence, come into close contact (within 6 feet) of someone who has a suspected or confirmed COVID-19 diagnosis in the past 14 days? Yo		or N
Today or in the last 14 days have you experienced a fever (greater than 100.4 F), symptoms of lower respiratory illness or any other symptom commonly associated with COVID-19.		
Signature:		