

# VOLUNTEER ATTESTATION



By completing my signature below, I attest that I will check my body temperature prior to coming to a volunteer assignment. I will NOT volunteer if I have a body temperature of >100. I will not volunteer if I have any of the following NEW UNEXPLAINED symptoms: **Muscle aches, fever, headache, loss of taste/smell, cough, sore throat, nasal congestion, shortness of breath, diarrhea or vomiting.**

If I develop any of the above symptoms prior to volunteering, I will contact the Hospice Office and NOT come in for my shift. **Phone : 608-374-0250**

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Volunteer Signature and Date

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Volunteer Printed Name

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Volunteer Coordinator or Tomah Health Staff representative and Date