

CORTLAND COUNTY
DEPARTMENT OF HEALTH

COVID-19 VACCINATION CLINIC VOLUNTEER AGREEMENT and WAIVER
STATEMENT on LIABILITY

VOLUNTEER AGREEMENT:

As a volunteer for the Cortland County Department of Health’s COVID-19 Vaccination Clinics (the “Clinics”), I understand that I may come into contact with individuals who are either known or unknown to me but regardless of who they are, I agree to accept and maintain patient confidentiality and ensure their privacy when working with any medical or personal information for each individual who comes for services at the Clinics.

Further, I agree to work as a volunteer for work that I am comfortable performing or that is within the scope of duties, as permitted by law.

VOLUNTEER WAIVER STATEMENT ON LIABILITY:

It is with full understanding that within my role as volunteer at the Clinics, I may become exposed to infectious persons, hazardous materials or environmental risks that could pose a risk to my health or personal property despite safety precautions provided by the Cortland County Health Department. With full recognition that those hazards are present, I freely accept to work at the Clinics and hereby release and discharge from any liabilities all directors, officers, employees, partners, affiliates, agents and their successors associated with the Cortland County Health Department.

PROFESSIONAL LICENSES:

I hereby certify that the professional license information listed below is true and accurate and that said license is current:

Type of license: _____

License ID No.: _____

State of Issuance: _____

Expiration Date: _____

HIPPA CONSENT:

I understand New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and agree to conform to the rules therein. I acknowledge receipt of a copy of HIPAA.

Volunteer's Name: _____
Print name:

Date: _____

Volunteer's Address: _____

Volunteer's Tel. No.: _____

Volunteer's Email: _____