

Kitchen Angels  
COVID-19 Volunteer  
Self-Assessment

*Updated as of 3/30/2020*

The safety of our employees, volunteers and clients remains Kitchen Angels' overriding priority. As the COVID-19 outbreak continues to evolve and spread, we are monitoring the situation closely and will periodically update our practices based on current recommendations from the US Centers for Disease Control & Prevention and the New Mexico Department of Health.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to others, we are asking all existing volunteers to complete a simple screening questionnaire. Thank you for your time.

Once you have completed this form, save it to your computer labeled using the format "FirstNameLastInitial\_ Self-Assessment" (ex: BobH\_Self-Assessment) and e-mail it to [info@kitchenangels.org](mailto:info@kitchenangels.org).

If you answer yes to any of questions 1 - 4 or no to question 5, you will need to refrain from volunteering for 14 days.

Name:	Phone Number:
-------	---------------

<b>Self-Assessment Declaration</b>	
1	Have you returned from any out-of-state travel by plane, train, bus or automobile within the last 14 days? Yes                      No
2	Have you had close contact with, or cared for someone diagnosed with COVID-19 within the last 14 days? Yes                      No
3	Have you been in close contact with anyone who has traveled out-of-state within the last 14 days? Yes                      No
4	Have you experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes                      No
5	Have you been practicing "social distancing" as recommended by the CDC and NM Department of Health for the last 7 days? Yes                      No

**I certify the above answers are true and correct to the best of my knowledge.**

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