KITCHEN ANGELS COVID-19 Volunteer Self-Assessment

Updated 07/17/2020

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 keeping everyone safe.

Once you have completed this form, save it to your computer and e-mail it to info@kitchenangels.org.

Please answer the following questions for yourself and everyone you are in close contact with. Close contact means within 6-feet and without a mask. If you are at all unsure, please discuss your situation with the volunteer coordinator. If you answer YES to any guestion 1-3 or NO to guestion 4, you will need to refrain from volunteering for 14 days.

NAME:	PHONE:

SELF-ASSESSMENT DECLARATION				
1	Have you returned from any out-of-state travel by plane, train, bus or automobile within the last 14 days?	□ YES		
2	Have you had close contact with, or cared for someone diagnosed with COVID-19 within the last 14 days?	□ YES		
3	Have you experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing, or new loss of smell and/or taste)?	□ YES		
4	Have you practiced physical distancing, hand washing/sanitizing, and mask wearing as recommended by the CDC and NM Department of Health for the last 14 days?	□ YES		

I certify that the above responses are true and correct to the best of my knowledge.

Signature: _____ Date: _____