



COVID-19 Volunteer Screening Tool

Thank you so much for your willingness to serve your neighbors at one of our many incredible programs serving during this time of crisis. During this pandemic, the safety of our volunteers, program staff, and the communities they serve is our highest priority. The below screening questionnaire is the first step to ensure that you are in the safest possible position to volunteer your time, both for your own health and that of those you'll be serving. Please know that if we determine that you cannot safely volunteer in-person, many of our programs have additional opportunities to serve remotely from your own home. We are so grateful to you for answering the call to serve our neighbors and have many ways to use your skills.

Finally, please know that we will be handling any information you share with great care and as much confidentiality as possible. We will share only what is necessary for our programs to continue to operate safely and will keep your information anonymous. Please don't hesitate to reach out if you have questions about this.

Please answer the following:

Have you traveled outside the U.S. in the past 21 days?

Yes No

If yes, where? _____

Do you have close contact with anyone who has traveled outside of the U.S. in the past 21 days?

Yes No

If yes, where? _____

Have you had close contact with someone who is self-quarantined or has exhibited symptoms of COVID-19 (fever, cough, and/or shortness of breath)?

Yes No

Do you have a fever (temperature of more than 100.4°F) or feel hot?

Yes No

Do you have a cough, shortness of breath, or a sore throat?

Yes No

Do you have any underlying medical conditions like heart disease, diabetes, lung disease, or another condition that might make you more prone to COVID-19?

Yes No

Are you or anyone you live or have close contact with a health care worker?

Yes No

If you have answered yes to any of the above questions, please notify SK Doyle at skdoyle@dioceseny.org or 502-468-2298.