



Your Health. Our Passion.

Vaccine Clinic Volunteer Application Packet

Information Sheet

Thank you for your interest in applying to serve as a volunteer at HealthNet's COVID-19 community mass vaccination clinics! The information below will help you determine if this opportunity would be a good fit for you, once our vaccine clinics are operational.

Is there an age minimum for volunteers?

All volunteers must be 18 years of age or older.

What would I do as a volunteer at the Vaccine Clinic?

Volunteers will help register patients, direct "traffic" during the vaccine clinics, and schedule appointments for second doses of the COVID-19 vaccine. Volunteers will be using a computer to input information and schedule appointments, so if you are uncomfortable using computers, this is likely not a good fit for you.

How do I apply to become a Vaccine Clinic volunteer?

1. Carefully review and sign the volunteer waiver form.
2. Complete the HealthNet volunteer application.
3. Submit the application and the waiver form to: volunteer@indyhealthnet.org
4. A committee member will call you for an interview and to answer your questions.
5. Once approved, you will receive an acceptance letter via email with additional instructions for your orientation and how to schedule your first volunteer shift.

What should I do before I schedule my first volunteer shift?

1. Review the HealthNet PowerPoint volunteer orientation, which includes information on confidentiality, called the Health Insurance Portability and Accountability Act (HIPAA), Corporate Compliance, and additional information about your volunteer role in the vaccine clinic. This information will be emailed to you with your acceptance letter.
2. While not required, HealthNet strongly encourages you to get the COVID-19 vaccine. In your volunteer role, you will be a frontline volunteer who will have close contact/face to face interactions with Indiana residents seeking vaccinations. Please consult with your physician about the benefits and risks of the COVID-19 vaccination. If you are interested in receiving your COVID-19 vaccination, please visit www.coronavirus.in.gov/vaccine/, call 211 to schedule, or simply walk-in to one of the HealthNet vaccination clinics.

How do I schedule my volunteer shifts?

Once you have been approved to volunteer, you will receive a link via email to view available shifts online in SignUp Genius (info@signupgenius.com).

Where will I work as a volunteer?

HealthNet has opened two sites in Indianapolis for the Vaccine Clinics:

- HealthNet Administration: 3403 E. Raymond St., Indianapolis, 46203
- HealthNet Martindale-Brightwood Health Center: 2855 N. Keystone Ave., Indianapolis, 46218

You will be able to choose whichever site(s) you prefer when you sign up for your shifts.

When are the shifts?

The Vaccine Clinics are currently open Tuesday and Friday, one day in each location. We prefer that volunteers sign up for the full 4.25-hour clinic, from 8:45 a.m.-1 p.m. This includes a 15-minute orientation. There are also 2.25-hour shifts. All shifts and their locations are listed on SignUp Genius.

What should I do before starting as a volunteer?

- Monitor yourself for symptoms of COVID-19. If you have any of the symptoms below, call your primary care provider and please hold off on scheduling any volunteer shifts. Symptoms of COVID-19 include:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

Will I be trained in what I am supposed to do during my volunteer shift?

YES! HealthNet will provide you with an orientation power point that will include training on your volunteer role in the vaccine clinic. In addition, the first 15 minutes of your shift will orient you to the workflow and what you will be doing.

How will I be protected from exposure to COVID-19 during my volunteer work?

HealthNet will provide you with a mask and face shield for you to wear during your shift. You are required to wear the mask at all times while at HealthNet. Avoid touching your mask and clean your hands frequently with soap and water or hand sanitizer. Plexiglass barriers are also installed in the registration areas of vaccine each clinic.

If I have questions about this volunteer packet, who should I call?

Please call the Volunteer Program Office at 463-231-2261, and someone will return your call as soon as they are able.



Volunteer Disclosure, Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

HealthNet is taking precautions in an attempt to reduce the risk of the transmission of COVID-19 by or among its employees, volunteers, and members of public. These protections include the use of masks and other personal protective equipment; social distancing practices; personal hygiene measures; screening; and any other measures. HealthNet is also recommending that all volunteers be fully vaccinated prior to their volunteer shifts. You should consult with your physician regarding the benefits and risks of taking the vaccine. Even with the steps HealthNet taking, it cannot prevent the possibility that you will be exposed to or contract COVID-19 while on HealthNet's premises or while volunteering with HealthNet. Similarly, HealthNet cannot prevent the spreading COVID-19.

ASSUMPTION OF RISK: By signing this Volunteer Disclosure, Assumption of Risk and Waiver of Liability ("Agreement"), you acknowledge the warnings provided herein and assume the risk of exposure to and infection of COVID-19 as a result of entering HealthNet's premises and providing the volunteer services. You further acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, or death. Additionally, you acknowledge and understand that the risk of becoming exposed to or infected by COVID-19 may result from or be caused by your or others' actions, omissions, or negligence.

WAIVER OF LIABILITY: You, for yourself, your heirs, executors, personal and legal representatives, estates, beneficiaries, administrators, successors and assigns (collectively the "Releasers"), do hereby waive, release and discharge, and promise not to sue, HealthNet, and its officers, directors, managers, partners, employees, contractors, volunteers, supervisors, partners, representatives, agents, attorneys, affiliates, and all of their respective successors and assigns, as well as any person or entity acting by, through, under or in concert with any of the foregoing persons or entities (collectively the "Released Parties"), of and from any and all liability and/or claims, causes of action, suits, damages, judgments, demands, damages, liabilities controversies, obligations, disputes, injury, disability, death, costs, expenses, of any nature whatsoever, whether or not now known, suspected, or claimed, that exist in whole or in part, based upon, arising out of, or relating to the COVID-19 as a result of volunteering with HealthNet.

If any part of this Agreement is found to be invalid, unenforceable, or void, for any reason, then the Releasers acknowledge and agree that the Released Parties' entire liability to the Releasers or any other person shall never, under any circumstances, be more than any applicable insurance limits, even if one or more of the Released Parties was negligent or grossly negligent. In addition, the Releasers acknowledge that none of the Released Parties shall ever be liable to any person for special, incidental, consequential, or punitive damages or for any indirect damages such as, but not limited to, exemplary damages or lost earnings, lost revenues or loss of consortium, or companionship (even if the Released Parties have been advised of the possibility of such damages) whether based upon statute, contract, tort, negligence, strict liability, or otherwise.



HealthNet, Inc.
3403 E. Raymond St.
Indianapolis, IN 46203

Phone: 317-957-2000
Fax: 317-957-2050

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, THAT I AM GIVING UP SUBSTANTIVE LEGAL RIGHTS (BOTH MY OWN, AS WELL AS THE RIGHTS OF ALL OTHER RELEASORS), THAT I HAVE BEEN ENCOURAGED TO CONSULT WITH AN ATTORNEY BEFORE SIGNING THIS AGREEMENT, THAT I HAVE ASKED AND RECEIVED ANSWERS TO ALL QUESTIONS I MAY HAVE, AND THAT I HAVE NOT BEEN INDUCED TO SIGN THIS AGREEMENT BY ANY PROMISE OR REPRESENTATION AND SIGN IT FREELY AND VOLUNTARILY, INTENDING AND AGREEING TO BE FULLY BOUND BY THE TERMS HEREOF.

VOLUNTEER

Dated: _____

Signed

Printed



COVID-19 Vaccination Clinic Volunteer Application Form

Date: _____

Date of Birth: _____

Last Name: _____ First Name: _____ M.I.: _____

Local Address: _____ City: _____ State: ____ Zip Code: _____

Preferred Phone: _____ Email: _____

Education - Please complete for all that apply:

	<u>School</u>	<u>Year Completed</u>
High School / GED	_____	_____
Associate's	_____	_____
Bachelor's	_____	_____
Master's	_____	_____
Doctorate	_____	_____

Licenses/Certifications: _____

Skills

Are you able to speak, read and write English fluently? NO___ YES___

Are you able to converse in any foreign languages? NO___ YES___ If yes, please complete below.

Skill Level - Language: _____ Fluent: _____ Conversational: _____

Skill Level - Language: _____ Fluent: _____ Conversational: _____

Are you comfortable using computers? NO___ YES___

How did you hear about this volunteer opportunity? _____

Do you have any medical conditions or limitations that might affect your ability to perform the volunteer duties, or that HealthNet should be aware of? NO___ YES___

If yes, please explain: _____

How comfortable are you learning to use a new computer application?

- Not Comfortable
- Somewhat Comfortable
- Moderately Comfortable
- Very Comfortable
- Extremely Comfortable

Emergency Information In the event of an emergency, please notify this person:

Name: _____ Relationship: _____
Home Phone Number: _____ Business Phone: _____
Cell Phone Number: _____

Alternate Contact for emergencies:

Name: _____ Relationship: _____
Home Phone Number: _____ Business Phone: _____
Cell Phone Number: _____

In addition to shifts you sign up for on SignUp Genius, would you be willing to be put on a back-up list for last minute scheduling if we have a cancellation or no show? NO YES

If yes, best phone number to reach you: _____

I certify that all the statements herein on this volunteer information sheet are true and correct and have been given voluntarily. I understand that this information may be shared with any legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I understand I will not be paid for my services in my volunteer capacity. I agree to abide by HealthNet's policies and procedures.

I also allow HealthNet to use my picture(s) and/or comments for newsletters, public relations mailings, and any other HealthNet-related, legitimate purpose.

Applicant Signature _____

Date: _____

Please return signed form to volunteer@indyhealthnet.org.

For questions, please call the Volunteer Program Office at 463-231-2261 (local).

Thank you!