

Corona Virus Volunteer Business Recovery Support Team (CVVBRST)

The local Main Street organization will partner and work cooperatively with the Pennsylvania Downtown Center (PDC) and the organizations local health care system, to develop a Corona Virus Volunteer Business Recovery Support Team (CVVBRST). Given the current perception of a phased and gradual opening of businesses and the desire for people to get “back out,” the potential for significant numbers of individuals to visit our downtowns and Main Street areas at a time when social distancing and limiting the number of people in small stores will be significant. At a time when merchants will be struggling to get their businesses back up and running, the dedication of limited staff to assist with minimizing the risk of new hot spots will be limited or non-existent. We are proposing the creation of a CVVBRST to assist local business with a host of services including:

- Assisting open merchants with ingress and egress issues
- Maintaining social distance in the event of lines forming outside of stores
- Sanitizing doorway handles
- Distributing masks and gloves to those who may need them
- Providing information concerning open businesses and business hours
- Distributing gift cards, coupons, etc., to customers.

In essence, certain volunteers will act as the “doorman (doorperson?)” for open businesses while others will be roving ambassadors.

Funds will be utilized to:

- Train volunteers
- Purchase masks, gloves and sanitizing equipment
- Purchase identifiable shirts/windbreakers etc. for volunteers
- Produce printed materials
- Provide “entertainment” for those waiting in lines

## *Volunteer Business Recovery Support Team (VBRST)*

### **Step 1: Due Diligence (2 or 3 days Maximum)**

- 1.1 Discuss the VBRST concept with:
  - 1.1.1 Revitalization organization's governing body leadership
  - 1.1.2 Key business district stakeholders
  - 1.1.3 Local municipality elected/administration officials
  - 1.1.4 Local health care system
  - 1.1.5 Local police department
  - 1.1.6 Other potential partners as necessary
- 1.2 Review insurance policies with insurance agent/carrier
  - 1.2.1 Ensuring the proposed activity is covered by basic liability policies
  - 1.2.2 Ensuring the organization has volunteer coverage

### **Step 2: Board Authorization (ASAP – emergency meeting if necessary)**

- 2.1 Board resolution authorizing:
  - 2.1.1 Creation of the VBRST
  - 2.1.2 Approval of the VBRST mission statement
  - 2.1.3 Approval of VBRST Management Team mission statement
  - 2.1.4 Approval of VBRST member volunteer position description
  - 2.1.5 Appointment of board representative to the VBRST Management Team
  - 2.1.6 Purchase of additional insurance as may be required
  - 2.1.7 Purchase of necessary Personal Protective Equipment (PPE) and other resources

### **Step 3: Create VBRST Management Team (1-2 days after board approval)**

### **Step 4: Recruit Volunteers (1 week maximum)**

- 4.1 Set up on-line volunteer registration page
- 4.2 Determine number of volunteers needed (*Limit volunteers to those 18 and older*)
- 4.3 Post volunteer opportunities on social media
- 4.4 Issue press releases
- 4.5 Seek radio and TV coverage of volunteer opportunity

### **Step 5: Acquire PPE Resources and Other Materials (1 week maximum)**

- 5.1 Prepare list of PPE and other resources needed per day
- 5.2 Acquire and store resources in a secure location

### **Step 6: Train Volunteers (Week after Step 4 concludes)**

- 6.1 Attend a PDC Train-The-Trainer Webinar
- 6.2 Have volunteers sign program waiver
- 6.2 Conduct volunteer training in an appropriate location for social distancing
- 6.3 Prepare and distribute volunteer schedule

### **Step 7: Initiate VBRST Program (ASAP after Step 6 –1 or 2 days)**

- 7.1 Have volunteers report to "sign-in" location
- 7.2 Issue PPE and other needed resources

### **Step 7: Monitor Performance (Ongoing during Yellow Phase)**

### **Step 8: Volunteer Recognition/Awards (At an appropriate time in the future)**

## WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_, am offering to serve as a volunteer with the \_\_\_\_\_ Main Street Organization (“Organization”) to assist non-life sustaining businesses to re-open after closures arising from COVID-19. I am offering to engage in operational activities, including, but not limited to, sanitizing the facilities in which the businesses operate by following established protocols and aiding with complying with social distancing requirements. I fully understand and acknowledge, appreciate, agree and intend to be legally bound by and accept the following conditions set forth in this Waiver and Release of Liability (“Release”) in consideration for being able to volunteer with the Organization:

1. Pennsylvania Governor Tom Wolf, on May 4, 2020 with an update on May 6, 2020, issued “Guidance For Businesses Permitted to Operate During the COVID-19 Disaster Emergency To Ensure the Safety and Health Of Employees and the Public” (“Guidance”).
2. Governor Wolf, pursuant to this Guidance, is enabling non-life sustaining businesses to re-open after closures arising from COVID-19. These non-life sustaining businesses may be in need of assistance to adhere to the requirements set forth in the Guidance upon re-opening. Such assistance includes, but is not limited to, needing assistance with sanitizing the facilities in which the businesses operate by following established protocols and aiding with compliance of social distancing requirements. I am volunteering to assist non-life sustaining businesses which are to adhere to this Guidance (including any updates issued after May 6, 2020). I agree to and will follow all reasonable directives and instructions from the non-life sustaining businesses which are subject to this Guidance that I am volunteering to assist.
3. In offering to volunteer to assist non-life sustaining businesses with re-opening. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, and assume full responsibility for my participation in any volunteer activities which I undertake through the Organization. More specifically, I know, understand and accept, given the COVID-19 pandemic, volunteering through the Organization to assist with the re-opening non-life sustaining businesses could expose me to the virus which could result in my contracting COVID-19, a highly contagious disease which can cause serious, life-threatening health consequences and possibly lead to death. Should I contract COVID-19, I know, understand and accept all individuals with whom I come into contact are also susceptible to contracting COVID-19.
4. I understand individuals with certain medical conditions who contract COVID-19 are at a greater risk of experiencing difficulties from this disease than those individuals who do not have such conditions. I affirm that I am aware of my physical and mental health and well-being and understand I am assuming any risk, including any risks conveyed to me by my healthcare professionals, by volunteering to assist with the re-opening of non-life sustaining businesses.

5. I further agree should I not feel well or experience any symptoms, however slight, associated with COVID-19 or be exposed to someone who experiences any symptoms associated with COVID-19, I will immediately cease and refrain from volunteering to assist with the re-opening of non-life sustaining businesses. I also agree not to return to volunteering to assist with the re-opening of non-life sustaining businesses until such time as I can confirm, with certainty, I do not have COVID-19. In the event I am diagnosed with COVID-19, I will not volunteer to assist with the re-opening of non-life sustaining businesses until I can confirm, with certainty, I no longer have COVID-19. Additionally, I will advise the Organization of my diagnosis or suspected diagnosis of COVID-19.
6. I understand the Organization may, in its sole discretion and without any relief to me, ask me to cease volunteering to assist with the re-opening of non-life sustaining businesses in the event it has concern of my diagnosis or suspected diagnosis with COVID-19 or for any other reason.
7. Should I suspect anyone with whom I interact while volunteering to assist with the re-opening of non-life sustaining businesses to have COVID-19, I will advise the Organization of my suspicion, understanding the Organization will address the concern in a way it sees fit and, I will accept, without seeking any further relief, the manner in which the Organization addresses my concern. To the extent possible, the Organization will not disclose my identity to the person I suspected to have COVID-19. I understand and agree that if I feel uncomfortable interacting with anyone who I suspect to have COVID-19, I am free to immediately stop volunteering to assist with the re-opening of non-life sustaining businesses.
8. I waive any applicable healthcare privacy rights, to the extent any exist, and consent to the Organization disclosing to others who interacted with me during the course of my volunteering, any diagnosis or suspected diagnosis of COVID-19. While I understand the Organization will, if possible, not disclose my identity to others, I understand there is no guarantee the Organization can withhold my identity and recognize I have no expectation of privacy of any kind with respect to a diagnosis or suspected diagnosis of COVID-19. Additionally, I am providing, below, to the Organization my current contact information should the Organization need to inform me of my interaction with an individual who is diagnosed or is suspected to be diagnosed with COVID-19. I consent to receiving such information and promise to advise of any changes to this contact information.
9. I certify that I am at least 18 years of age and am legally able to agree to and sign this Release.
10. I for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ORGANIZATION**, its officers, directors, trustees, members, affiliated businesses, other affiliates, subsidiaries, officials, agents, contractors and/or employees, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity of the Organization, with respect to any and all injury, disability, death, loss or damage to person or property associated with my presence or

participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE ORGANIZATION or OTHERWISE, to the fullest extent permitted by law.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE ABOVE WAIVER AND RELEASE OF LIABILITY. I AFFIRM THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND AM ABLE TO EXECUTE THIS RELEASE ON MY OWN. BY SIGNING THE BOTTOM OF THIS WAIVER, I AGREE THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. IT IS MY INTENTION TO EXCEPT AND RELIEVE THE ORGANIZATION FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

The venue of any dispute that may arise out of this waiver and release or otherwise between the parties to which the Organization or its agents is a party shall be the courts of civil jurisdiction of \_\_\_\_\_ County, Pennsylvania.

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

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_