



# 2021 Holiday Gift Wrap Corte Madera Town Center Volunteer Sign-up

### TO SUBMIT THIS FORM ELECTRONICALLY:

- ➡ 1. Save this form to your computer with your name in the title
- 2. Open with **Adobe Reader** (or Adobe Acrobat)
- 3. Fill in your information on the new form you saved
- 4. **CLICK HERE** to submit. This will open a new message in your email (By the Bay Health address will be auto-filled)
- 5. Send
- 6. If a window appears prompting "Select Email Client", click the appropriate box and then "OK."

### OTHER WAYS TO SUBMIT THIS FORM:

Email: Attach completed application to an email and send to Deborah Ellen: [dellen@bythebayhealth.org](mailto:dellen@bythebayhealth.org)

Mail: By the Bay Health, 17 E. Sir Francis Drake Blvd., Larkspur, CA 94939, Attn: Volunteer

Fax: (415) 925.1680

**QUESTIONS:** By the Bay Health Volunteer Engagement Department (415) 526.5678

### PLEASE PRINT:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Hm. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, please notify Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### FRIDAY, SATURDAY, SUNDAY, December 10, 11, 12

Noon–3 p.m.    3–6 p.m.

### DAILY, December 17–24

Noon–3 p.m.    3–6 p.m.

### CHRISTMAS EVE

### Friday, December 24

Noon–3 p.m.    3–6 p.m.

Preferred Shift/Time: \_\_\_\_\_ Day: \_\_\_\_\_

Preferred Shift/Time: \_\_\_\_\_ Day: \_\_\_\_\_

May we contact you on short notice to fill in?     Yes     No

***Your schedule will be confirmed prior to your volunteer shift. Call (415) 720.5847 for info.***

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**VOLUNTEER WAIVER****COVID-19 Safety Protocols for Gift Wrap Volunteers:**

- Volunteers must provide proof of vaccination to Volunteer Services.
- Volunteers must wear a mask at all times (provided) and will have access to gloves, hand sanitizer, disinfecting wipes, and nearby bathrooms.
- Volunteers will be six feet apart at tables.
- There will be a person at the door monitoring the flow of customers approaching the wrapping tables: one customer at the table and one standing six feet behind.
- Customers will be requested to wear masks (provided) and required to stand within designated squares on the floor to wait for wrapping.
- Customers will be offered the choice to put their items into provided gift boxes themselves or allow the wrapper to do so.
- Customers will be required to stay until their gifts have been wrapped (no drop-offs).

**Please note:**

- Your service is strictly voluntary, and you will not be paid for your time or services.
- Your responsibilities in supporting this event will include a variety of activities including but not limited to wrapping customer gifts, maintaining an enthusiastic and customer-oriented environment, accepting community donations, counting money, organizing/straightening the space, observing good communication and working as a team, and adhering to By the Bay Health volunteer policies and expectations.

**Please acknowledge the following statement with your signature below:**

*As a volunteer, I assume the risk and responsibility for all claims, legal actions and costs resulting from injuries to myself or others, as well as property damage, which is/are caused by my negligence or my intentional acts. I further release By the Bay Health, their employees, directors, and assigns from any liability relating to claims arising from the above.*

By your signature, you acknowledge reading, understanding, and agreeing to the statements above.

Print Full Name: \_\_\_\_\_

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

***THANK YOU FOR YOUR SUPPORT OF BY THE BAY HEALTH!***