***Place on Parish/VBS/Camp/Program Letterhead***

**Volunteer Acknowledgement and Agreement Regarding COVID-19 Protocols**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will follow [Name of Parish/VBS/Camp/Program] requirements for in-person attendance as a volunteer for the program schedule for [Date] to [Date]. **Please initial next to each statement below acknowledging your agreement that you will abide by these protocols.**

1. \_\_\_ I understand that I play a crucial role in keeping everyone in the facility and on the campus safe and reducing the risk of exposure by following the practices outlined herein. I understand and agree that I will comply with any other policies, procedures, guidelines, and rules that [Name of Parish/VBS/Camp/Program] may deem appropriate to prevent the spread of COVID-19 at its facility. Such policies, procedures, guidelines and rules include but are not limited to protocols addressing wellness screenings, masking, hand sanitization, social distancing, contact tracing and other protocols as identified by [Name of Parish/VBS/Camp/Program].
2. I understand that during this COVID-19 Public Health Emergency, access to the facility where the program will be held may be restricted or otherwise limited. I agree to adhere to any all restrictions related to access including but not limited to any restrictions to enter the [Name of Parish/VBS/Camp/Program] facility beyond the designated drop-off and pick-up area located at [Address of Pick Drop Off/Pick-Up] (except for emergency situations as contemplated below). I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone’s risk of exposure.
3. While on the campus and serving as a volunteer, I must to the best of my ability and as practical practice social distancing and remain at least three (3) feet away from all other people.

1. I understand that in order to enter upon the facility premises I must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear I will be separated away from the rest of the participants and people located on the campus. I will either leave the campus if physically able or if required arrange to have someone pick me up from the campus as soon as possible.

# Symptoms include: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher.

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two (2) to seven (7) days after being infected, so please take them seriously.

1. I understand and agree that I am responsible for reporting to [Name of

Parish/VBS/Camp/Program] if I have been diagnosed with COVID-19, have symptoms of COVID-19, or otherwise have reason to believe I have contracted COVID-19. I further understand and agree that if I want to enter [Name of Parish/VBS/Camp/Program] before completing a ten (10) day self-isolation period I must present the designated administrator with a medical professional’s certification of good health that clears me for return. The medical certificate will be forwarded to [Name of Designated Administrator], who will consult with [Name of Parish/VBS/Camp/Program] administration regarding whether I am able to enter the facility prior to completion of the 10-day period.

1. I agree to wear a mask if and as required by [Name of Parish/VBS/Camp/Program] at all times.
2. \_\_\_ I understand that I may be required to complete a wellness screening process for myself prior to entering the facility.
3. I understand I will be required to wash my hands using Centers for Disease Control and Prevention-recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least twenty (20) seconds.
4. I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my own exposure in the local community.
5. \_\_\_I acknowledge and agree that if I am diagnosed with COVID-19, [Name of Parish/VBS/Camp/Program], if required by law will notify the County Health Department and possibly the Maryland Department of Health.

**I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by [Name of Parish/VBS/Camp/Program] may result in termination of [Name of Parish/VBS/Camp/Program] permitting me to attend in-person activities and classes. I acknowledge that my volunteer role may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, volunteer, child, or their family member to COVID-19.**

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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