

Community Resource Center Volunteer Agreement

I, _____ (Print Name), agree to the following protocols as a condition of volunteering for the Community Resource Center in Encinitas, CA.

1. I agree to sign up for volunteer shifts in advance and to only stay for the duration of my assigned shifts. I will cancel in advance if I cannot attend.
2. I agree to maintain social distancing of 6 feet at all times as much as it can be done.
3. I understand that I may have public-facing interaction as part of my volunteer duties. If I am uncomfortable with that, I will inform the manager in writing of this and can be provided a different role if one is available.
4. I agree to wear a protective face covering that covers my nose and mouth while volunteering. (Volunteer must provide covering).
5. I agree to wear gloves or practice frequent hand-washing between different tasks.
6. I will not attend a volunteer shift if I have a fever, cough, sore throat or respiratory strain including difficulty breathing or shortness of breath. I have read and understand the CRC's Sick Policy on when to return to volunteer.
7. I will sign in on the daily temperature/health log provided by the CRC management.
8. If I have had close contact with a person (including work colleague, friend, family member or relative) suspected or confirmed for COVID-19, I will stop all volunteer activities for 14 days. I will inform CRC immediately of this exposure and the date of my last volunteer shift (if applicable).
9. I understand the inherent risks of any volunteer activity of exposure to COVID-19 and I acknowledge I am accepting that risk on my own (or my child's) behalf.
10. I agree to adhere to all policies and procedures as they are outlined for me in the COVID-19 Volunteer Protocols (FNC), the Safe Reopening Plan (Resale Store) or other program-specific procedures. I understand that volunteering for CRC requires me to be flexible as policies may change due to a changing environment and as new guidelines are provided by County and Federal Government and Health Officials.

Printed Name

Signature Date

Parent Signature (if volunteer is under 18) Date