SUNFLOWER TURNING NONPROFIT, INC.

COVID-19 VOLUNTEER FORM

SUNFLOWER TURNING NONPROFIT, INC., a nonprofit, is doing everything we can to protect you, the public, as well as our workers and volunteers. To this extent, we will be following the Center of Disease Control (CDC) and local health department guidelines with regard to social distancing practices in order to reduce the spread of Novel Coronavirus, i.e., COVID-19. Whether indoors or outdoors, this will require our workers and volunteers to maintain six (6) feet of distance between each other and wear either surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to yourself and others. It is also required of everyone to either wash or sanitize their hands after using the restroom, sneezing, coughing, and before eating meals.

If you do not have a mask or other requirements, please ask a member of our team. We may have extras to give you.

You represent that you do not have symptoms (ex: sore throat, headache, stuffed nose, loss of smell) of COVID-19, and to the best of your knowledge you do not have COVID-19 or that you have not have been around someone with COVID-19 in the prior 14 days. You agree that if that status changes, you will notify the nonprofit prior to participating in any in-person event. In addition, you agree that if you have symptoms of COVID-19 or have been around someone with symptoms or who has been determined to have or is likely to have COVID-19, you will not participate in any Nonprofit event until at least 14 days after your symptoms have disappeared and/or your contact with the relevant person.

If we all work together, we can overcome the spread of this virus as well as other infectious diseases. We welcome and really appreciate your participation with us. By signing below, you agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff or volunteers may result in your removal from the premises. In addition, failure to comply may create problems for our nonprofit.

By signing below, I represent that I understand and agree to comply with the terms and intent of this waiver.

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Volunteer’s Printed Name

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Volunteer’s Signature

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Date