



The safety of our employees, volunteers, teachers and students is of utmost importance and as such, strict protocols have been established and must be adhered to when volunteering for Classroom Central. **NO EXCEPTIONS**

Screening Questions

All volunteers must complete the screening questions below. Circle Y for yes and N for no. Any yes answers will prohibit a person from volunteering.

1. In the past 14 days, have you tested positive for COVID-19 or are you currently awaiting for the results of a COVID-19 test? Y N
2. Do you have, or have you had in the past 14 days, any of the following symptoms that are new for you: fever (100.4 or greater), cough, sore throat, breathing difficulties, headache, body aches, loss of taste or smell, unusual fatigue, diarrhea, nausea or vomiting? Y N
3. In the past 14 days, have you been exposed to someone who has symptoms but has not tested positive for COVID-19 and/or has tested positive for COVID-19? Y N
4. In the past 14 days, have you traveled or been in close contact (within 6') of someone who traveled to any foreign country or to a known COVID-19 hotspot? Y N

Safety Protocols

If your answers to all of the questions above are no, and you are approved to volunteer with Classroom Central, you must adhere to the following safety protocols while carrying out program efforts:

- If you have not had the Covid-19 vaccination, please bring your own mask (covering your nose and mouth) and wear at all times at Classroom Central. If you are not able to wear a mask due to health conditions, please do not volunteer at this time for the protection of yourself and others. Also, please practice social distancing.
- Regularly wash hands for a minimum of 20 seconds and frequently use hand sanitizer throughout your volunteer shift.
- Regularly clean and disinfect frequently touched objects and surfaces you have come into contact with such as workstations, keyboards, telephones, light switches and doorknobs.
- Please refrain from hand shaking or hugging.
- Avoid using employees' and other volunteers' phones, desks, offices, or other work tools and equipment.
- At the end of each shift, wipe down all surfaces you encountered with disinfectant wipes which will be provided at each location.
- Please leave personal items in your vehicle.
- Follow all instructions provided by Classroom Central staff, even if such instruction is not included in this document.

(OVER)



Classroom Central COVID-19 Assumption of Risk and Waiver of Liability Form

I confirm my answers to the previous screening questions are true and correct to the best of my knowledge and agree to adhere to all safety protocols as outlined.

I accept full responsibility that, in volunteering, I risk being exposed to and possibly contracting COVID-19 or other potentially fatal or non-fatal illnesses. I acknowledge and voluntarily assume all known and unknown risks of COVID-19 exposure, including but not limited to serious and potentially life-threatening illness and even death. I understand and accept that this risk is not only to myself, but that I may unintentionally spread the virus or illness to others, including family members.

I agree that should I become ill or show symptoms that could be related to COVID-19 while volunteering, I will inform Classroom Central of my symptoms or illness, leave the site immediately and not return until I am symptom free for 14 days.

I agree that should I become ill or show symptoms that could be related to COVID-19 after volunteering, I will inform Classroom Central of my symptoms or illness and not return until I am symptom free for 14 days.

I agree that on behalf of myself, my heirs, assigns and representatives, I hereby release, waive, discharge, and hold harmless Classroom Central and its respective officers, directors, agents, volunteers, and employees from any and all liability, claims, demands, damages, fees or expenses, or actions whatsoever arising out of or related to any loss, damage, illness, or injury, including death, that may be sustained by me as a result of my participation as a volunteer at Classroom Central.

I acknowledge the seriousness of the health risks involved and knowingly consent to accept the risk.

By accepting and signing this form, I affirm my agreement with the items listed above:

Name (Print): _____

Signature: _____ Date: _____

(If volunteer is under 18, signature should be a parent/guardian signature.)