



## COVID-19 VOLUNTEER ACKNOWLEDGMENT AND DISCLOSURE

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The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal and provincial governments as well as federal and provincial health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Norway Bay Municipal Association (« NBMA ») has put in place preventative measures to reduce the spread of COVID-19 at its NBMA programs; however, the NBMA cannot guarantee that you will not become infected with COVID-19.

Please read and initial each statement below:

1. \_\_\_\_\_ I understand that I must complete the Québec Government COVID-19 Screening Questionnaire every day before volunteering. The link to access this questionnaire is :  
<https://www.inspq.gc.ca/sites/default/files/publications/3042-symptom-based-screening-questionnaire-covid19.pdf>
  
2. \_\_\_\_\_ I understand that before volunteering I must be free from COVID-19 symptoms. If, during the course of the day, any of the following symptoms appear, I must immediately notify my Supervisor. Symptoms include:
  - Fever of 38 degrees Celcius or higher;
  - Dry cough
  - Shortness of breath
  - Fatigue
  - Headache
  - Significant loss of appetite
  - Loss of taste or smell
  - Sore throat
  - Muscle aches
  - Runny or stuffy nose
  - Nausea
  - Vomiting
  - Diarrhea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this public health emergency. These symptoms typically appear 2-7 days after being infected, so please take them seriously.

3. \_\_\_\_\_ I understand that I will be required to wear a mask or cloth face covering throughout the workday or take such other personal protective measures as is recommended by federal, provincial or local requirements or guidelines. The NBMA will provide masks or other supplies needed to comply with applicable guidelines.
4. \_\_\_\_\_ I understand that the NBMA has adopted enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks each day as assigned.
5. \_\_\_\_\_ I will sanitize my hands all throughout the day and wash my hands when a source of water is available using Health Canada recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds, including immediately after reporting to work, before putting on my mask/when removing my mask, when I use the bathroom, after touching my face, using a tissue and if I have physical contact with a participant.
6. \_\_\_\_\_ I understand that outside of work, in order to control my exposure in the community, I will comply with any and all federal, provincial or local stay-at-home orders, and will follow current public health guidelines as long as they are in effect.
7. \_\_\_\_\_ I will immediately notify my NBMA Director if I become aware of any person with whom I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
8. \_\_\_\_\_ I understand that while volunteering for the NBMA, I will be in contact with children, families, and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19, as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone who participates in NBMA activities safe and reducing the risk of exposure by following the practices outlined herein.

I, \_\_\_\_\_ certify that I have read, understand, and 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 the NBMA may result in dismissal.

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NBMA Director

\_\_\_\_\_  
Date