



Fairfax County Volunteer Acknowledgment of COVID-19 Health and Safety Practices

In order to ensure the health and safety of the county workforce, volunteers will be required to comply with the following measures to help limit the spread of the coronavirus.

I agree to:

- Self-observe for fever, new cough or shortness of breath each day before reporting to volunteer and will not report to volunteer if I have [symptoms](#) consistent with COVID-19.
- Stay home until at least 10 days have passed since symptoms first appeared or since the date of a first positive COVID-19 diagnostic test AND until I have been fever-free for at least 72 hours (three full days) without the use of medicine that reduces fever AND until other symptoms have improved.
- Communicate with my Volunteer Coordinator any need to stay home as a result of illness or quarantine, including reporting any positive COVID-19 test results if I have been on-site at my workplace.
- Submit to health screenings (temperature check, temperature or symptom self-reporting) as deemed appropriate or necessary by my agency.
- Practice hand hygiene as recommended by the Centers for Disease Control and Prevention, which includes frequent use of alcohol-based hand sanitizer or hand washing with soap and water for at least 20 seconds , especially after contact with frequently touched items such as door handles, tables, elevator buttons, handrails, touchscreens, etc., and before touching eyes, nose, or mouth.
- Masks - Unless in a healthcare settings, correctional or detention facilities, homeless shelters, childcare settings, public and private K-12 indoor school settings, and when using public transportation (including County vans/busses) – where ALL staff and Volunteers must continue to wear face coverings:
 - IF Vaccinated, no need for face coverings or distancing, although welcome to wear face coverings if desired.
 - If NOT vaccinated, then MUST wear face covering and maintain social distancing in all settings, including outdoors.
- Follow mask and social distancing protocols appropriate to my vaccination status. For additional guidance about your vaccination status please see the <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

I acknowledge receipt of the COVID-19 Health and Safety Practices.

Signed:

Date:

Print Name:
