



# VOLUNTEER COVID-19 AGREEMENT

NAME (First, MI, Last)	HOME PHONE NO.	ALTERNATE PHONE NO.
HOME ADDRESS	CITY/STATE/ZIP CODE	EMAIL ADDRESS
CHECK ONE <input type="checkbox"/> am 18 years of age or older. <input type="checkbox"/> am under 18 year of age (Attach a signed Parental/Guardian Permission Form, DPR 208C.)		

## SERVICE AGREEMENT

The health and safety of volunteers to California's State Park System and all who take care of it is a priority to State Parks. As California continues to issue guidance on preparing and protecting California from the Coronavirus (COVID-19), California State Parks continues to monitor the situation closely and is following guidance provided by the Governor's Office via the [California Department of Public Health](http://www.cdph.ca.gov) (www.cdph.ca.gov), the Centers for Disease Control and Prevention (www.cdc.gov) and Governor's Office of Emergency Services (www.caloes.ca.gov) related to its operations and the safety of its employees, volunteers and visitors.

Undersigned agrees as follows:

I will perform assigned tasks which are within my physical ability and that I will not undertake tasks that are beyond my physical ability;

I will perform only those tasks assigned, observe all safety rules and use care in the performance of my assignments;

I acknowledge I am aware of the COVID-19 pandemic. I acknowledge that I am aware that COVID-19 is primarily spread person to person by people who are in close contact with one another, defined as within six (6) feet, through respiratory droplets passed by infected persons (who may or may not show symptoms);

I currently do not have any COVID-19 symptoms identified by the Centers for Disease Control and Prevention (CDC), and I have no known recent exposure (14 days or less) to COVID-19 and I will immediately notify appropriate Department personnel as soon as possible should I develop any symptoms or receive knowledge that I have been or may have been exposed to COVID-19;

That I understand the CDC has identified persons at a higher risk for severe illness from COVID-19 include people 65 years and older and those with underlying medical conditions including but not limited to lung disease, heart conditions, immunocompromised, diabetes, and obesity;

I agree to follow procedures and policies established by California State Parks in consultation with health agencies to reduce the spread of COVID-19 and protect volunteers, employees and visitors;

That I understand there are risks and hazards associated with my participation as a volunteer for California State Parks;

DISTRICT/DIVISION WHERE VOLUNTEER ASSIGNED	WORK LOCATION/PARK UNIT(S)	DATE VOLUNTEER TO BEGIN WORK
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<b>VOLUNTEER APPROVAL:</b> I hereby volunteer my services as a State Parks Volunteer for the job duties attached.		<b>DEPARTMENT APPROVAL</b> (contingent on approval of appropriate forms)	
VOLUNTEER SIGNATURE	DATE	DEPARTMENT REPRESENTATIVE SIGNATURE	DATE