

COVID-19 Safety Protocol Agreement for Stanley Park Ecology Society Volunteers

Updated November 2020

As a **Stanley Park Ecology Society** (SPES) volunteer, I, _____, hereby acknowledge that I am willing to take the necessary COVID-19 safety precautions outlined below to protect the community, the public and myself during my volunteer activities with SPES. By signing this agreement, I acknowledge that I understand and will comply with the general COVID-19 safety precautions listed below and I have read, understand and agree with the COVID-19 safety protocols specific to the SPES department for which I volunteer. (SPES's department-specific safety protocols are located at: <https://stanleyparkecology.ca/covid-19-updates-and-response/>).

- I declare that:
 - I am aware that I must follow the safety and hygiene protocols that have been implemented by Stanley Park Ecology Society.
 - I have read and will follow the recommended guidelines to ensure the health and safety of the public, my coworkers, our communities and myself as a volunteer.
 - I will practice social distancing, trying to **maintain a distance of 2 metres** when possible.
 - I will **wear a non-medical mask** if I cannot maintain this physical distance from others, or have a valid exemption from wearing a mask.
 - I will **wash my hands frequently and thoroughly** with soap and water or using alcohol-based hand sanitizer when soap is not available.
 - I will cover my mouth and nose when coughing or sneezing (with a tissue or into my bent elbow; disposing of the tissue immediately in the proper waste bins).
 - I will **avoid touching my face** even when wearing gloves.
 - I will wash clothes and clean equipment regularly.
 - I understand that **anyone with cold or flu symptoms or feeling ill should not volunteer** and that includes me.
 - I will contact SPES's Health & Safety Representative immediately (tel. 604-257-6908) should I fall ill and/or test positive for COVID-19 following my last volunteer shift at SPES.
 - I understand that if an individual develops symptoms during their volunteer shift, the individual will be immediately isolated and sent home alone if possible. If they must be transported by others, then the sick individual must wear a mask if available.

Name of Volunteer

Name of Guardian (for volunteers under 17)

Signature of Volunteer

Signature of Guardian

Date

Date