

WELCOME TO KRASL ART CENTER!
VOLUNTEERS PLEASE READ AND SIGN IN

KAC VOLUNTEER POLICIES & SAFETY MEASURES

- The safety of our visitors, staff, and volunteers is of utmost importance to Krasl Art Center (KAC).
- Please provide your email or phone number below. This information will be used to notify you in the event of any serious health concerns at KAC within two weeks of your visit.
- For everyone's safety, we ask all entering the building to acknowledge and notify staff of any symptoms associated with COVID-19 and leave the building if such symptoms occur.
- All volunteers who learn of exposure to a confirmed case of COVID-19 within two weeks of their visit to KAC are encouraged to inform the art center.
- All volunteers must receive the KAC COVID-19 Safety Measures for STAFF & VOLUNTEERS attached to this form and found here:
<https://docs.google.com/document/d/1t-FVKhsRzSMAA78xAVvnhsOaqpgTMoefdGe5Z4hYTyM/edit?usp=sharing>
- All volunteers must receive the KAC Guest Safety Measures attached to this form and found here:
<https://krasl.org/wp-content/uploads/2020/06/POLICY.Guests.pdf>
- Volunteer Agreement: By signing this form and participating at this KAC event, you understand and intend to work as a volunteer for KAC and hereby acknowledge that KAC is doing everything they can to protect the public as well as yourself as a volunteer. To this extent, you agree to follow the Center of Disease Control (CDC) and local health district guidelines and have read and agree to the policies and procedures for KAC COVID-19 Safety Measures and KAC Guest Safety Measures.
- Volunteer Release: On behalf of yourself, respective heirs and personal representatives, you hereby release KAC, its board and employees from responsibility and liability for any injury and loss of property sustained while working as a volunteer.
- Parent/Guardian Signature: If you are under the age of 18, a Parent/Guardian signature is required. By signing, the Parent/Guardian grants permission for the volunteer listed and signed below to volunteer at Krasl Art Center and is in agreement with the policies & safety measures mentioned on this form.

THANK YOU FOR HELPING KEEP OUR COMMUNITY SAFE

Symptoms include: *Fever greater than 100°, Cough, Sore throat, Respiratory illness or Difficulty breathing*

DATE	TIME	PRINT FULL NAME If you are under the age of 18, a Parent/Guardian name is also required on this form <u>or on the Student Volunteer Sign In form provided by KAC.</u>	SIGNATURE If you are under the age of 18, a Parent/Guardian signature is also required on this form <u>or on the Student Volunteer Sign In form provided by KAC.</u>	EMAIL ADDRESS OR PHONE NUMBER (REQUIRED)	Are you experiencing any symptoms** of COVID-19?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

