

COVID-19 Return to Work Checklist for Volunteers

(signature page)

I understand that I am required to follow all WDFW COVID-19 related policies and procedures while volunteering for the department.

I understand and agree that I am required to:

- complete the attestation process each day before volunteering
- refrain from volunteering if I answer “yes” to any of the questions listed on the *COVID-19 Health Self-Screen Attestation*
- report any COVID-19 related symptoms or exposure to my WDFW volunteer supervisor as soon as possible to avoid potential spread.

I understand that the WDFW Safety Office staff may contact me if I am potentially exposed to COVID-19 while volunteering.

I have read, understand, and agree to follow all COVID-19 related standard operating procedures indicated below and provided to me by my volunteer supervisor:

 XXX *Use of Cloth Face Masks (required for all)*

 Vehicle/Vessel Occupancy Guide

 Cleaning Workplace Surface Areas and Office Equipment

 Sanitizing Rinse SR-22 Instructions

 COVID-19 Travel Guide

 **additional SOPs, including:*

print name of volunteer

signature of volunteer –or- parent/guardian for volunteers under age 18

month/day/year

signature of WDFW supervisor

print WDFW supervisor name

month/day/year

*(*volunteer supervisor: list additional required SOPs)*

WDFW COVID-19 Vaccination, Verification and Safety Precautions Acknowledgement

- I will comply with the required COVID-19 safety precautions appropriate to my vaccination status, verification and work environment.
- I will contact my volunteer supervisor/field coordinator if I have any questions or concerns regarding COVID-19 safety precautions or vaccination verification procedures.
- The decision to verify my vaccination status is a personal choice. If I want to verify my vaccination status, I will contact my volunteer supervisor/field coordinator.
- I will contact my volunteer supervisor/field coordinator or their supervisor or sponsor, if I have concerns about the vaccination status of a Washington State employee, volunteer, intern or anyone else delivering services in the interest of Washington State Government.
- I will not directly ask, or cause anyone else who is not the supervisor or sponsor to ask, the vaccination status of another Washington State employee, volunteer, intern, or anyone else delivering services in the interest of Washington State Government.
- All employees and volunteers have the right to wear a mask or other protective equipment, regardless of their vaccination status.

print name of volunteer

signature of volunteer –or- parent/guardian for volunteers under age 18

month/day/year

print volunteer supervisor name

signature of volunteer supervisor/field coordinator

month/day/year

Supervisor Verification Form

(Vaccination and vaccination verification is optional for WDFW volunteers.)

I _____ have visually verified _____
volunteer supervisor / field coordinator name volunteer name

vaccination status in accordance with the Department of Health, Labor and Industries, Governor's Office, and Office of Financial Management State Human Resources "Healthy Washington - Roadmap to Recovery" guidance.

I have seen:

- Proof of vaccination, such as a CDC vaccination card (or a printed or electronically stored photo of the card).

OR

- Documentation of vaccination from a health care provider or state immunization information system record.

signature of supervisor date

**Note: people are considered fully vaccinated two weeks after their second dose in a 2-dose series (such as the Pfizer or Moderna vaccines) or two weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.*