

**Pandemic—Statement of Understanding and Consent Form for Family Formation Staff/Volunteer**

NAME OF FAMILY FORMATION STAFF/VOLUNTEER: \_\_\_\_\_

NAME OF PARISH: All Saints

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. As a result, in order to resume religious education, social distancing and other essential safety measures at the Catholic Parish named above ("Parish") have been established. The Parish has put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at the Parish and Parish activities. Even with implementation of such safety protocols, the Parish cannot guarantee that I will not become infected with COVID-19. Attendance at religious education and/or participation in religious education activities could increase my risk of contracting COVID-19. I expressly assume this risk.

I agree to comply with the Parish’s rules, policies, and procedures it may adopt in order to prevent and/or minimize the spread of COVID-19. I understand that some of the rules, policies, and procedures which the Parish adopts may be mandated or suggested by local, state, or federal health authorities.

I agree to conduct a COVID-19 self-screening before reporting to each religious education session by asking myself the following questions:

<p><b><i>Do you have one of the following?</i></b></p> <ul style="list-style-type: none"> <li>• Fever of over 100.4 °F</li> <li>• Onset of shortness of breath or difficulty breathing</li> <li>• New onset of dry cough</li> <li>• New onset of loss of taste or smell</li> </ul>	<p><b><i>Do you have 2+ of the following?</i></b></p> <ul style="list-style-type: none"> <li>• Chills longer than two hours</li> <li>• Congestion and/or runny nose</li> <li>• Nausea, vomiting or diarrhea</li> <li>• Sore throat</li> <li>• Headache</li> <li>• Muscle pain</li> </ul>	<p><b><i>Have you had close contact with someone positive for COVID-19?</i></b></p> <p><i>Close contact means contact longer than 15 minutes within 6 feet without a face covering or residing with someone who is positive.</i></p>	<p><b><i>Have you been directed to self-isolate due to a positive COVID-19 result or for having contact with someone with COVID-19?</i></b></p>
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I understand that if my answer to any of the foregoing questions on any given day that I am scheduled to work/volunteer at religious education is "Yes," I will not report to work/volunteer and will notify the Director of Religious Education (“DRE”) immediately. I will not report back to my position until I receive written approval from the DRE. I understand that, as a condition of approval, the DRE may require me to obtain a negative test result for COVID-19 or produce a Physician’s note indicating that it is safe for me to return to my staff/volunteer position.

I understand that, in the event I develop symptoms of COVID-19, or if otherwise requested by the DRE or Pastor, I will immediately vacate the Parish premises (unless immediate medical attention is required). I also understand and consent that, if I am diagnosed with COVID-19, the Parish may disclose my name to local and state health officials and, if necessary, to other religious education staff/volunteer members, religious education participants, or religious education participants' parents or guardians in order to help trace and contain the spread of COVID-19.

By execution of this Form, I understand and agree to the foregoing terms and conditions.

Religious Education Staff/Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_