**Yorkton SPCA Volunteer Waiver**

The following waiver must be signed off on by all volunteers wanting to volunteer at the Yorkton SPCA.

I acknowledge that in the circumstances of the Coronavirus Pandemic, there is a risk of contracting this disease as a result of volunteering at the Yorkton SPCA and being near staff and customers while completing the volunteer activities.

My risk includes illness and in severe cases, death. I am also at risk of communicating this disease (however or wherever contracted by me) to others who may then experience greater or lesser illness and in severe cases, death.

The Yorkton SPCA has implemented certain precautions and practices to try and ensure a safe experience for all staff, volunteers and customers.

* Stay at home if you have any flu-like symptoms, coughing, sneezing, fever, etc.
* Stay at home if you have been in contact with anyone who is sick or not feeling well and notify the Yorkton SPCA immediately.
* Arrive and depart on time
* Respect the rules and adhere to the directions of the staff
* Practice physical distancing by staying a minimum of two (2) meters or 6 feet away from other
* Wear a mask while performing duties within the shelter
* Follow all Signage instructions
* Always maintain Social Distancing, except for brief exchanges
* Limit the touching of your own face while in public
* Wash your hands before, after and during each volunteer session
* Shower when you get home
* Wash your clothes when you get home

I agree to follow these guidelines to the best of my ability. In the event of a discrepancy between directives of the Yorkton SPCA and any current Public Health order or guidelines, the Public Health directives shall prevail.

If I am ill or become ill or am concerned that I may have been exposed to Coronavirus, I agree to notify the appropriate Health Authority, and to inform the Yorkton SPCA promptly and without delay.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Volunteer Volunteer

If a minor:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Legal Guardian Parent or Legal Guardian

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