VAC Volunteer Sign-in Sheet

VAC Activity #_____

Event:_____

Date: _____

Location: _____

By Signing below, you are confirming the following:

1. You do NOT have any flu-like symptoms.
2. You are NOT experiencing any symptoms including fever, cough, loss of appetite, loss of taste or smell or any shortness of breath.
3. You can breathe in and hold your breath for 10 seconds without pain or discomfort.
4. You have NOT been in close contact with anyone who has been diagnosed with COVID-19 within the last 14 days.
5. You have NOT traveled internationally in the last 14 days.
6. You have NOT been ordered by a healthcare provider to self-quarantine.
7. You agree to follow all social distancing requirements, including keeping 6' distance from others whenever possible.
8. If you CANNOT confirm the above, please speak to your event's VAC Coordinator immediately.

Print Name:	**Sign:**	**Local Union #**

By signing in as a participant in the VAC Program, each participant agrees to comply with all the rules and procedures of the Program. Including, but not limited to: Sign-in sheets, applications, paperwork deadlines etc. It is also the individual's responsibility to be in communication with their VAC Coordinator and or Business Representative regarding all submitted paperwork, and eventual qualification to attend the VAC Banquet. Sign in sheets and applications must be submitted within 30 days of the event to receive credit.

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