

Volunteer Agreement and Release from Liability Form

We are doing everything we can to protect you, our volunteers and our staff. To this extent, we will be following the Center for Disease Control (CDC), local health department and State of New Hampshire (and Maine, where applicable) guidelines in order to reduce the spread of COVID-19 caused by the coronavirus SARS-CoV-2. We require our volunteers to maintain six (6) feet of distance between themselves and others not from their household, as much as possible and utilize either surgical masks or cloth masks that cover both your mouth and nose at all times to reduce the risk of exposure to yourself and others while representing Blue Ocean Society. It is also required to either wash or sanitize your hands after participating in a beach cleanup or after touching your face or mask.

By signing this waiver, you attest that you are clear of the following symptoms and situations within the last 14 days leading up to your beach cleanup:

- Fever of 99 degrees or above, or possible fever symptoms like alternating chills and sweating
- Cough
- Trouble breathing, shortness of breath or sever wheezing
- Chills or repeated shaking with chills
- Muscle aches
- Sore throat
- Diarrhea

- Loss of smell or taste, or a change in taste
- Headache
- Contact with an individual who has shown signs of the above symptoms within the past 14 days
- Have been around anyone with confirmed COVID within the past 14 days
- Have traveled to an area with a high rate of infection in the last 14 days

On the day of the cleanup we ask that you self-monitor your temperature. If you are exhibiting a fever of 99 degrees or above we request that you please do not volunteer at this time.

By signing this waiver, you understand that by participating in a beach cleanup held on public property, you are susceptible to the risk of exposure to any illness including but not limited to, the coronavirus, SARS-CoV-2, also known as COVID-19, and will not hold Blue Ocean Society liable for any symptoms of illness.

By signing below, you agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff may result in your removal from the Blue Ocean Society volunteer program.

Blue Ocean Society Cleanup Participant Signature

Date

Blue Ocean Society Cleanup Participant Printed Name

WILL MINORS BE JOINING YOU? Please list the name(s) of any minors (under 18) that will be accompanying you on the cleanup. Your signature above indicates that you will be responsible for these individuals and have informed them of all appropriate safety measures.

(Feel free to attach additional pages)

PUBLISH DATE: 07/09/2020, (VERSION 1). Note, this is a living document, subject to change based on current local, state and Federal guidelines.



DNCR Volunteer Program Individual COVID-19 Screening Questionnaire



DNCR Volunteers must be screened each time they volunteer on a DNCR managed property as outlined in the Universal Guidance for All New Hampshire Employers and Employees. Individuals within a group of 2-6 people must complete this questionnaire each time they volunteer. Completed screening questionnaires must be returned to the Volunteer Program Manager by mail or email. Please respond to the following questions by circling 'YES' or 'NO':

Have you been in close contact with a confirmed case of COVID-19?	Yes	No
Have you had a fever or felt feverish in the last 72 hours?	Yes	No
Are you experiencing any respiratory symptoms that include a runny nose, sore throat, cough, or shortness of breath?	Yes	No
Are you experiencing any new muscle aches or chills?	Yes	No
Have you experienced any new change in your sense of taste or smell?	Yes	No

Volunteers performing trail maintenance do <u>not</u> need to have their tempatures taken on-site. Normal temperature should not exceed 100.00 degrees Fahrenheit. <u>If you answered 'YES'</u> to any of the screening questions or have a fever go home and seek medical advice. <u>DO NOT Volunteer</u>.

Volunteer's Name

DNCR Property

_____Yes / No____ Temp. taken on-site (circle one)

Screener's Name

Screener's Signature

Date