



RSU 3 Return to School Agreement for Volunteers

All Volunteers must sign this form and return it to the school office prior to volunteering.

RSU 3 follows CDC and DOE guidelines for COVID-19 safety protocols. Please see the following list of expectations and guidelines for returning to Volunteer in any RSU 3 building, school, or property.

I, _____, acknowledge, understand, and agree that while volunteering in RSU 3, I will adhere to the following protocol:

1. I will complete a self-assessment before arriving at school each day that I am scheduled to volunteer. The self-assessment screens for symptoms of COVID-19. Certain responses will require that I remain at home. In this event I will contact the building principal immediately.
2. I will enter any RSU 3 building wearing an appropriate face covering, sign in at the office, and receive and wear a Volunteer badge that is easily visible to others. I will sign out when I leave and return the badge at that time. An appropriate face covering is one that has two or more layers of washable, breathable fabric; completely covers your nose and mouth; and fits snugly against the sides of your face and doesn't have gaps.
3. I will wear my face covering at all times throughout the day, except if I am eating or alone in a workspace.
4. I will practice proper hand-washing guidelines and use hand sanitizer upon entering the building and throughout the day. Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after coughing/sneezing and using the restroom.
5. I will physically distance 6 feet from students and staff.
6. If during my volunteer workday, I begin to experience any signs and symptoms of respiratory illness or spike a fever of 100.4°F or higher, I will notify my supervising teacher or staff person immediately to avoid exposing others in the workplace.
7. If working with any students via zoom, I will be in the same room as the supervising teacher if at school; or if from home, the student will be under the supervision of the teacher or staff person. If we utilize “breakout rooms,” then I will need to select “record” to record that portion of the communication.

COVID-19 vaccination status -- I am: fully vaccinated not vaccinated prefer not to answer

My signature below is an acknowledgment that I have read, understand, and agree to comply with the above terms. I also understand that my failure to adhere to this agreement could result in the termination of my authorization to volunteer. Volunteers will be notified of updates as CDC, DOE, and RSU 3 guidelines may change.

Volunteer Signature

Printed Name

Date