

This survey is for CCE Erie Events including Master Gardener Volunteer Opportunities

Please review all statements below and then attest that you will comply with the stated expectations. A full list of symptoms of Coronavirus (COVID-19) may be found at the website for the [Center for Disease Control](#).

As of 9/24/20 symptoms may include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

- I have not knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had [symptoms](#) of COVID-19.
- I have not tested positive for COVID-19 in the past 14 days.
- I have not experienced any [symptoms](#) of COVID-19 in the past 10 days.
- I agree that all employees, myself included, working with Cornell Cooperative Extension, even if only occasionally, are required to adhere to all CDC, NYS, and local health department orders, guidelines, and Association policies and procedures at all times.
- I understand that failure to adhere to all required orders, guidelines, policies and procedures may lead to disciplinary action and/or loss of privileges, including access to office buildings and resources.

If you are unable to answer “yes” to all of the statements above, please notify your supervisor or coordinator that you will be unable to participate about why you answered no on your survey submission.

By selecting "yes" you affirm that you have read and agree with the above statements. Select "no" if you are unable to affirm the above statements and contact your supervisor.

- Yes, I can affirm the above statements.
- No, I cannot affirm the above statements and will contact my supervisor.

I am volunteering at

- MG Hotline
- An MG Approved Project
- Other

Your Name

