



Acknowledgement of Girl Scouts of Citrus Covid-19 Guidelines
for Activity and/or Meeting Request

Volunteer Name : _____

Email: _____ Contact Phone: _____

Troop #'s for all troops you lead : _____

Community Name: _____

___ For troop meetings (only 1 per year) or ___ For any activity (each time)

Troop meeting/activity address: _____

Please acknowledge that you understand each of the statements below:

COVID-19 is an extremely contagious virus that spreads easily in the community. Each troop/family should weigh their participation based on their own, as well as their family members health concerns. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Citrus takes every safety and preventative precaution, Girl Scouts of Citrus can in no way warrant or be held responsible that COVID-19 infection will not occur through participation in Girl Scout activities. ___ Initial

I have read the current guidelines for resuming in-person activities from Girl Scouts of Citrus Council and I will take all reasonable precautions to limit exposure for girls, volunteers, and families, which will include following CDC, GSUSA, GSC and state health department guidelines. ___ Initial

I will be sure to inform girls, volunteers, and families what measures have been put in place during our time together such as wiping down and disinfecting all high touch areas before, during and after activity. Wiping down supplies and other items and areas, spraying a disinfectant, the proper way to wash hands including how to shut off faucets, open doors, etc., using hand sanitizer, wearing masks, social distancing, and any other safety protocol including pre-screening forms and temperature checks. ___ Initial

For any allowed in-person troop activities, including meetings the adult volunteers are responsible for modeling best practices, assisting with and monitoring all social distancing guidelines and cleaning protocols. ___ Initial

In the event of a positive COVID-19 test result within my troop, I will notify my troop parents/caregivers and others who may have been exposed. I understand girl and volunteer health information is confidential and I am not to share that with anyone outside of those exposed. ___ Initial

Volunteer Name Printed/Typed : _____

Volunteer Signature: _____

Date: _____