**Everyone Must Sign In**

Volunteer Center Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Center of Santa Cruz County**

 **I Acknowledge the Following:**

I do not have a fever or symptoms related to the coronavirus. To my knowledge, I have not been exposed to the coronavirus. I will adhere to VC’s Social Distancing Protocols at all times. If I am unvaccinated, I must wear a mask at all time.

**Date Time In Time Out Print your full name Reason for visit**

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Fully Vaccinated: It has been 2 weeks since you have received either one dose of Johnson and Johnson or two doses of either Moderna or Pfizer