**VOLUNTEER COVID-19 VACCINATION CONFIRMATION**

As part of our efforts to maintain a safe and healthy workplace, all individuals will be required to attest to their COVID-19 vaccination status. This Attestation must be completed by all Manna Food Center (“Manna”) employees, volunteer, contractors who provide services on-site, and any on-site workers, regardless of hours.

**Instructions**

Please complete this form to let us know whether and when you received the vaccine. We are asking for the dates of vaccination to help determine when each individual is considered “fully vaccinated” as defined by the Centers for Disease Control (CDC). When completing this form, **do not** provide any medical information or any other information related to why you may not have received a COVID-19 vaccination. If your situation changes, you will be able to fill out an updated Attestation.

I attest that (check only one box):

[ ]  I received the complete series of a COVID-19 vaccination.  (Please note that Johnson & Johnson is a single dose vaccination, while Moderna and Pfizer require a two-dose series).

Please provide the date of your last dose: Click here to enter a date.

[ ]  I am in the process of obtaining a COVID-19 vaccination (e.g. future appointment or completing the second dose of a two-dose series).  Please provide the applicable dates:

1st dose: Click here to enter a date.

2nd dose (if applicable): Click here to enter a date.

[ ]  I have not received a COVID-19 vaccination.  If you have checked this box, please also select one of the options listed below that describes your status:

[ ]  I am undecided on whether to receive a COVID-19 vaccination.

[ ]  I do not plan to receive a COVID-19 vaccination.

**Supervisor**

Please mark which Manna staff person is your supervisor.

[ ]  Katie Sayago, Volunteer Manager

[ ]  Cheryl Kollin, Community Food Rescue (CFR) Program Director

 **Attachment**

If you have received the complete series of a COVID-19 vaccination, **please attach a copy of your COVID-19 Vaccination card and submit that copy with this form no later than December 15 to** **hr@mannafood.org** **or a hard copy to the CEO or Administrative Assistant.**

 **Notice**

Please be advised that Manna will consider requests for reasonable accommodation to receiving the COVID-19 vaccination based on medical need or for religious reasons on an individualized basis, **and those individuals should contact Jackie DeCarlo, CEO, at** **hr@mannafood.org** **as soon as possible and no later than December 15.** Additionally, the information contained on this form will be held strictly confidential and limited to authorized individuals for purposes of ensuring compliance with the company’s health and safety policies and procedures and any applicable federal, state, or local laws.

**Acknowledgment**

By signing below, I acknowledge the information provided on this Attestation form is true and accurate, and that Manna may take action, up to and including termination of volunteer service, for any misstatements or misrepresentations contained on this form.

Additionally, I attest that I will follow all Manna policies and procedures while working in the office for unvaccinated individuals, including wearing a mask or adhering to self-quarantine requirements, and any other measures that may be implemented by the organization in accordance with local, state, and national regulations.

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| Name (Print) |  | Date |
|  |  |  |
| Signature(For ease of signing this form, you may type your name in the signature line using a cursive font.) |  |  |