

SFCASA Volunteer Advocate COVID-19 Vaccination Status

To ensure the safety of our staff, volunteers and community served, volunteer advocates are required, as of November 2021, to provide accurate information about their COVID-19 vaccination status in response to the questions below.

A person is considered “fully vaccinated” two weeks after receiving the second dose of a two-dose FDA approved COVID-19 vaccine (Pfizer or Moderna), two weeks after receiving a single dose of a FDA approved one-dose vaccine (Johnson & Johnson/Janssen) or two weeks after receiving a vaccine approved in Canada or the European Union at the time of vaccination.

Please select the statement below that accurately describes your current vaccination status:

- I am fully vaccinated with a vaccine approved by the FDA for emergency or full use (Pfizer, Moderna, or Johnson & Johnson); or a vaccine approved in Canada or the European Union.

If I received a vaccine approved in Canada or the European Union name here:

- I received my first dose of Moderna or Pfizer and my second appointment is scheduled.

My second dose has been scheduled for _____

- I have not been vaccinated but plan to get vaccinated within 30 days of signing this agreement. Once vaccinated, I understand that I must provide proof. Failure to do so within 30 days will result in assumption that I do not plan to be vaccinated.
- I do not plan to be vaccinated at this time due to a disability or medical condition. I would like to talk with my SFCASA case supervisor about a medical exemption and have provided a substantiating statement from my medical provider.
- I do not plan to be vaccinated at this time. I understand this will result in my inability to be an active SFCASA volunteer advocate.
- I decline to provide my vaccination status at this time. I understand SFCASA will be required to assume I am unvaccinated and as a result, I will not be able to be an active SFCASA volunteer advocate until such time that I provide proof of vaccination.

I understand that I am required to provide accurate information in response to the question above. I hereby affirm that I have accurately and truthfully answered the question above. I also understand that if I stated that I am fully vaccinated, I must provide SFCASA with documentation of my vaccination status (e.g., a copy of my vaccine card or other similar official document confirming vaccination status) along with this form.



Volunteer Advocate Name: _____

Volunteer Advocate Signature: _____

Date Signed: _____

Please upload an image of your vaccination card: