

Eugene Friends Meeting (EFM) Memorandum of Agreement (MOA)
Low Risk infection level

COVID-19 Pandemic Risk and Responsibility for Building User Groups and Gatherings

Welcome! Although we cannot guarantee your safety from the virus, we are taking all necessary and advisable sanitary precautions. During the COVID-19 pandemic, Eugene Friends Meeting chooses to safeguard the health of individuals in our Meeting and our wider community. We do so by seeking guidance from our Spirit-led Light Within and by following local, state, and national Public Health Authorities recommendations. We ask you to do your part to protect our Meeting space with each other.

The Host of Your Group is hereafter known as the **Health Monitor**.

- Please read the Health Monitor Protocol and this document before your group meets. Limit the number of participants according to the current room/space occupancy.
- Ask each participant to bring:
 1. A protective face covering/mask
 2. Personal water bottle
 3. Maintain 6-foot physical distance
 4. Engage in hand hygiene (washing with soap and water or rubbing on hand sanitizer for a minimum of 20 seconds) upon entering and leaving the building and after any facial contact.

As participants enter the building, please have each person:

1. Acknowledge the Entry Affirmation statement regarding their health.
2. Confirm the protocols of masking, physical distancing, hand hygiene and no singing or eating.

As Health Monitor you are expected to:

Communicate with our Hearth Keeper Safety Monitor:

Ethen Perkins 541-953-7478 epandlk@efn.org and

1. Arrive 30 minutes prior to convening.
2. Follow the **Check Lists** to set up the meeting.
3. Communicate and enforce the protocol including NO FOOD/NO EATING/NO SINGING allowed.
4. Control movements for orderly entry, seating and exit.
5. Clean and sanitize space.
6. Please sign this form and contact Ethen.

As the **Host of this group aka Health Monitor**, I have read and affirm that I will follow the attached EFM COVID-19 Health Monitor Protocol document and agree to all the roles and duties of the Health Monitor therein.

Group _____ Date _____

Printed Name _____ Signature _____

Phone _____ Email _____