



Proof of COVID-19 Test or Vaccination - STAFF & ADMIN -

The Volcano Art Center is taking every precaution to ensure that the VAC is a safe environment from COVID-19. None of your personal information will be used for another purpose, and any information from this document shall never be shared with (or to) any 3rd parties unless the County of Hawaii, the State of Hawaii, or Federal officials require it for health reasons.

The VAC's C.E.O. and the VAC's Director of Galleries / Director of Development along-side the VAC's Executive Commtee are thankful for your co-operation

All information regarding our COVID-19 policies, procedures, and protocols can be found at www.volcanoartcenter.org/about/covid-19-protocols

Person's Name: _____ FIRST NAME _____ LAST NAME Is Person Vaccinated: YES NO

Has VAC Official Viewed COVID Vaccination YES NO
STAFF USE ONLY

VAC Officials Signature: _____ Date: ____ / ____ / ____



Are you any of the following at the VAC:

- | | <small>YES</small> | <small>NO</small> |
|---------------------------------------|--------------------------|--------------------------|
| VAC Staff Member | <input type="checkbox"/> | <input type="checkbox"/> |
| VAC Board Member/ Frequent Volunteer | <input type="checkbox"/> | <input type="checkbox"/> |
| VAC Teacher/Instructor | <input type="checkbox"/> | <input type="checkbox"/> |
| A Musican, Public Speaker, Other..... | <input type="checkbox"/> | <input type="checkbox"/> |

ADMIN NOTES
