

<Chorus Name> Return to In Person Chorus Rehearsal Survey

This survey is for chorus members to provide anonymous input to chorus leadership regarding thoughts, feelings and desires regarding returning to in person chorus rehearsals. While we realize that everyone misses the fellowship and singing of our legacy chorus rehearsals, we need to understand if people are comfortable with returning to in person activities, and if they are comfortable with the changes needed to ensure the safety of all members and their household members.

* Required

1. What is your current chorus status? *

Mark only one oval.

- Active member
- Associate member
- Chapter at Large
- Prospective member
- Guest
- Former member
- Other: _____

2. If state and local guidelines allow, and appropriate precautions are taken, would you want to come to an in person rehearsal?

Mark only one oval.

- Definitely yes
- Probably yes
- Not sure
- Probably no
- Definitely no

3. In general, would you be willing to follow CDC best practices such as mandatory mask wearing, hand cleaning, and social distancing?

Mark only one oval.

- Definitely yes
- Probably yes
- Not sure
- Probably no
- Definitely no

4. Are you willing to wear a mask at all times in rehearsal?

Mark only one oval.

- Definitely yes
- Probably yes
- Not sure
- Probably no
- Definitely no

5. Are you willing to do a health screen questionnaire before coming to rehearsal? or at the door before entering the rehearsal location?

Mark only one oval.

- Definitely yes
- Probably yes
- Not sure
- Probably no
- Definitely no

6. Are you willing to sign the Sweet Adelines International Assumption of the Risk Waiver and Release?

Mark only one oval.

- Definitely yes
- Probably yes
- Not sure
- Probably no
- Definitely no

7. Have you been vaccinated or do you plan to be vaccinated for COVID-19? Please note: All chorus members will comply with all COVID-19 protocols until more is understood about vaccine impacts.

Mark only one oval.

- Yes - fully vaccinated
- Partially vaccinated (vaccine 1 of 2)
- Not yet, but I plan to get vaccinated when it is my turn
- Not sure
- I do NOT plan to get the COVID-19 vaccine
- I prefer not to answer

8. Please indicate which of these venue considerations you would find acceptable:

Check all that apply.

- Outdoors
- Indoors with windows/doors open
- Indoors

Other: _____

9. Please provide any comments regarding possible safety protocols for in person rehearsals.

10. Please provide any other comments regarding the return to in person rehearsals.

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