

Print Name:	Date:
	owing actions in order to help Pathways of Hope (hereafter environment that is as safe and effective as possible for all
COVID-19 Safety Protocols:	
I will wear a protective face mask c volunteering onsite.	overing both my mouth and my nose at all times while
I will wear protective gloves at all t	imes while volunteering onsite.
I will strive to adhere to physical disall volunteers, staff, and clients at all time	stancing and do my best to maintain a 6-foot distance from es.
	eginning of each volunteer shift and will tell a Pathways s 100.4 degrees Fahrenheit (38 degrees Celsius).
	nitation protocols during every volunteer shift including, g surface areas, door handles, and work areas.
	aber if I learn I was exposed to COVID-19 or tested positive teering onsite as recommended by the most recent CDC
I will allow Pathways to contact me	about possible COVID-19 exposures.
I will take ten days off from volunte COVID-19.	eering onsite at Pathways if I learn I have been exposed to
If I have any questions about COVII https://occovid19.ochealthinfo.com/	D-19 I will reach out to the OC Health Agency,
Scheduling & Contact Protocols:	
	he Lead Scheduling Volunteer as early as possible if I am , exposure, vacation, or any other reason.
I will allow Pathways staff and the I volunteer shifts.	Lead Scheduling Volunteer to contact me regarding onsite



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I agree to allow Pathways to share photos of myself volunteering on social media and in othe marketing materials.
Dress Code:
I agree to use good judgment, good hygiene and good taste, showing courtesy to stakeholders, visitors, clients, staff, and partners by dressing in a fashion that is presentable and doe not make others uncomfortable.