



Print Name: _____ Date: _____

By initialing below, I agree to take the following actions to help Pathways of Hope (hereafter referred to as Pathways) maintain a work environment that is as safe and effective as possible for all volunteers, staff and clients:

Scheduling, Contact & Confidentiality Protocols:

_____ I will notify Pathways staff and/or the Lead Scheduling Volunteer as early as possible if I am not able to attend my shift due to illness, exposure to a contagious illness, vacation, or any other reason.

_____ I will allow Pathways staff and the Lead Scheduling Volunteer to contact me regarding volunteer shifts and responsibilities.

_____ I will keep confidential any client, volunteer, or staff personal information or any interaction that is overheard or entrusted to me in completion of volunteer responsibilities.

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 does not make others uncomfortable.

_____ Wearing closed toed is always required when volunteering.

Photo Release:

_____ I agree to allow Pathways to share photos of myself volunteering on social media and in other marketing materials.

COVID-19 & Illness Safety Protocols:

_____ I agree to follow all cleaning and sanitation protocols during every volunteer shift including, but not limited to, cleaning and sanitizing surface areas, door handles, and work areas.

_____ I will contact a Pathways staff member if I learn I was exposed to COVID-19 or tested positive for COVID-19 within seven days of volunteering.

_____ I will allow Pathways to contact me about possible COVID-19 exposures.

_____ I will take the recommended days off from volunteering onsite at Pathways if I learn I have been exposed to COVID-19.

_____ If I have any questions about COVID-19 I can find information at the OC Health Agency, <https://occcovid19.ochealthinfo.com/>