



# COVID-19 Health and Safety Agreement 4.0 - Corpsmembers

**This document affects your legal rights as a Heart of Oregon Corpsmember: Read carefully before signing.**

Safety in any environment is actively created by everyone in the environment. At Heart of Oregon Corps (HOC), our culture of safety, our "I've Got Your Back" safety promise, and our safety policies allow us to control inherent risks, including COVID-19.

HOC Protocols have been put in place to mitigate risks requiring Corpsmembers sign this agreement and comply with Heart of Oregon Corps COVID-19 related safety measures throughout the duration of your employment/service. COVID safety measures are subject to change. Each of these elements is further detailed in the HOC COVID-19 Operations Protocols, which can be found at <https://heartoforegon.org/news-events/covid-19-response.html>

**I, as a HOC Corpsmember agree to the following:**

- I agree to comply with Heart of Oregon Corps COVID-19 related safety measures throughout the duration of my employment/service. I understand COVID safety measures are subject to change.
- I agree to monitor my own health and **NOT** come to work at HOC if I exhibit COVID-19 symptoms, and notify my supervisor, who will inform me of all available leave options (paid or unpaid).
- I agree to practice illness-reducing strategies at work, at home, and in transport to and from Heart of Oregon Corps. These include:
  - Wear masks when required by HOC policy (at HOC);
  - Washing hands often;
  - Avoiding *close* contact with people who are sick, even inside your home;
  - Covering coughs and sneezes;
  - Cleaning and disinfecting frequently touched surfaces daily;
  - Monitoring your health, watching for symptoms including:
 

<ul style="list-style-type: none"> <li>▪ Fever or chills</li> <li>▪ Cough</li> <li>▪ Shortness of breath or difficulty breathing</li> <li>▪ Fatigue,</li> <li>▪ Muscle or body aches,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Headache,</li> <li>▪ New loss of taste or smell</li> <li>▪ Sore throat</li> <li>▪ Congestion or runny nose,</li> <li>▪ Nausea or vomiting,</li> <li>▪ Diarrhea</li> </ul>
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**I acknowledge, as a HOC Corpsmember that:**

- HOC has the right to terminate employment or service if a Corpsmember refuses to comply with required safety protocols, including COVID-19 Protocols.
- HOC cannot guarantee zero virus exposure.
- Work or service at HOC may not be an appropriate choice for People at Higher Risk for Severe Illness, and telework and teleservice options or accommodations are not available for all HOC position types if isolation or quarantine is required.

**Check one to communicate your vaccine status to HOC:**

- I am first-round vaccinated (2 shots of Pfizer/Moderna or 1 shot of J&J)
- I am vaccinated **and boosted** (to current boosting standards by age range)
- I am not vaccinated and would like assistance getting vaccinated
- I am not vaccinated and do not plan to get vaccinated.

*If you have questions about this agreement, before signing, please contact the HOC staff member you have been working with, or your supervisor. Call 541-633-7834 if you are unsure who to contact.*

**By signing below, I acknowledge that I have read and understood and agree to abide by the terms and conditions of this agreement.**

Signature of Employee/Corpsmember	Printed Name	Date
Signature of Parent/Guardian	Printed Name	Relationship to Participant Date