



Pandemic Plan Procedures Acknowledgement

I acknowledge that I have carefully reviewed and agree to abide by HomeFront's Pandemic Plan Procedures. By signing below, I understand I must not come into any HomeFront location if I have a fever, any COVID symptoms, or feel unwell.

Additionally, I understand I must take my temperature and answer COVID-19 related health questions as indicated on Staff Temperature Log prior to entry to any HomeFront facility, and I understand that I will be required to report any fever, symptoms of, or positive test for COVID-19 associated with me or someone in my household. I understand I may not be allowed to return to any HomeFront location in accordance with the details of Pandemic Plan if I or someone in my household is confirmed or suspected of having COVID-19. I knowingly and voluntarily consent to these practices and acknowledge that they are reasonable and necessary to protect my health and the health and safety of my colleagues.

I acknowledge the contagious nature of COVID-19 and understand there is risk that I may be exposed to or infected by COVID-19 when working at HomeFront, Inc. and that such exposure or infection may result in illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of others and myself.

I hereby take the Oath of Personal Responsibility: I am aware of the potential spread of COVID-19 that could result in severe illness and potential death, and that my actions may affect the health of those around me. Therefore, I will, to the best of my ability, practice proper social distancing at work and outside of the office as recommended by health department directives, as well as practice good hygiene (handwashing, use of hand sanitizer, wearing of a mask when required, etc.) and follow other health recommendations. Should I become ill, I promise to self-report the illness and contact HomeFront to let them know of my condition. I will adhere to testing guidelines and work with my own primary care providers. Finally, if I am exposed or suspected to be exposed to COVID-19, I will self-quarantine and notify HomeFront.

Any questions regarding HomeFront's COVID-19 protocols should be directed to my supervisor, Human Resources or Senior Management. I understand if I am a supervisor, I may have additional responsibilities under this Plan and I will comply with them.

Volunteer Printed Name: _____

Volunteer Signature: _____

Date Acknowledged: _____