November 9, 2020
COVID-19 Safety and Health Guidelines for Volunteers

Fishline Food Bank and Comprehensive Services is committed to providing a safe and healthy workplace for all of our employees, volunteers and clients. To ensure that, we have developed the following guidelines for your safe return to work, if you are exposed to COVID-19 or travel outside the State of Washington or to areas inside the state with high COVID-19 infection rates. Our goal is to mitigate the potential for transmission of COVID-19 in our workplace and that will require full cooperation among our volunteers, staff, Board, and clients that we serve. Only through this concerted effort can we establish and maintain the safety and health of our workers and our workplace.

Our COVID-19 Guidelines follow the Centers for Disease Control and Prevention (CDC) and Washington Department of Health (WDOH) guidelines. The Kitsap County Health Department also recommends if someone travels outside of the State of Washington, they should not return to work for 14 days after they return to the State. After recent discussions with the Kitsap County Health Department and due to the rising cases of COVID-19, we are revising our current COVID-19 policies.

Based upon these discussions and the need to protect the safety of our staff, volunteers, Board and clients, Fishline Food Bank and Comprehensive Services will follow guidance provided by federal, state, or local governments.

If you choose to travel out of state or to areas with high COVID-19 infection rates you will be required to quarantine for 14 days upon return. If you chose to be tested instead, you will need to have testing done 4-days after you return home. Proof of negative test results will be required before returning to volunteer.

Requesting Time Off

We ask that you notify the Volunteer Manager if you will be traveling out of state or to an area with a high COVID-19 infection rates, (based on CDC or ARGIS statistics).

Volunteer Policy Agreement:

I, the undersigned, understand and acknowledge the above-mentioned guidelines, and will follow them to the best of my abilities to keep my fellow volunteers, staff, board, clients and CSC partners healthy and to prevent possible exposure and/or the spreading of COVID-19.

_______________________ __________________________   ___________
Name         Signature   Date