Fishline
Food Bank & Comprehensive Services

April 1, 2021
COVID-19 Safety and Health Guidelines for Board Members who volunteer or visit Fishline, Second Season or the CSC.

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 to safely donate your time. 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. As many of our volunteers, staff, and board members are now in the process of getting vaccinated, we are revising our current COVID-19 protocols.

Board Members who are considered fully protected (it's at least two weeks since receiving a second dose of Pfizer-BioNTech or Moderna COVID-19 vaccine or two weeks after the single-dose Johnson & Johnson's Janssen COVID-19 vaccine) are now eligible to donate their time multiple times per week and in different programs if they provide documentation of their vaccine records to Fishline. These individuals also no longer need to quarantine after traveling out of state provided they are not symptomatic.

Board members who are not fully protected must limit their hours to one program once a week. If you chose to travel out of state you will be required to quarantine for 14 days upon return (or volunteers may elect to be tested 5-days after returning home—a 10-day quarantine will still apply and proof of negative COVID test will be required).

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