



## Staff & Volunteer Pledge – New Preventative Measures for COVID-19

The **YMCA of Eastern Ontario** has put several measures into place to prevent and reduce the spread of COVID-19. These measures are presented in the document 'Employee Guide – Returning to Our Centres of Community' ([www.eo.ymca/internal](http://www.eo.ymca/internal)). They include:

- **Measure 1:** Daily self-screening at the beginning of your shift
- **Measure 2:** Physical distancing
- **Measure 3:** Handwashing
- **Measure 4:** Cleaning and disinfecting
- **Measure 5:** The right personal protective equipment at the right time
- **Measure 6:** Good hygiene practices at work

All employees and volunteers of the **YMCA of Eastern Ontario** must understand that these measures aim to protect their health, safety and physical integrity. These measures are mandatory and all association personnel must comply with these measures.

We ask our employees and volunteers to apply these measures and cooperate with the **YMCA of Eastern Ontario** to ensure the success of our plan to fight the COVID-19 pandemic.

\_\_\_\_\_, by checking these boxes:  
*Employee's / volunteer's last and first name (please print)*

- I certify that I have read the new measures that have been implemented by the YMCA of Eastern Ontario to fight the COVID-19 pandemic.
- I agree to follow these new measures.
- I have understood that, in the event that I have not followed these measures, I am subject to disciplinary action, including termination of employment.

Signature \_\_\_\_\_

Signed in \_\_\_\_\_, 2021  
*City* *Date*

*The employee/volunteer must send this document to their supervisor immediately upon returning/commencing work.*



## Employee and Volunteer Health Declaration

I, the undersigned \_\_\_\_\_, certify that the information given below is correct:

1. **Do you have any symptoms related to COVID-19** (cough, fever, trouble breathing, extreme fatigue, sudden loss of smell)?

- Yes
- No

2. **Have you been in contact with a person who has had COVID-19 in the last 14 days without wearing proper PPE?**

- Yes
- No

3. **Have you returned from an out-of-province trip in the last 14 days?**

- Yes
- No

4. **Are you awaiting a COVID-19 test result?**

- Yes
- No

By checking this box, I agree to immediately notify my supervisor if one or more of these answers changes.

I understand that, by swiping in each day with my staff membership card, I am confirming that I have reviewed these questions at the beginning of each of my work/volunteer shifts (self-screening) and all my answers are "No".

Signature \_\_\_\_\_

Signed in \_\_\_\_\_, 2021  
*City* *Date*