



REAL. GOOD. FOOD.

## Volunteer Health Policy

### Reporting: Symptoms of Illness

I agree to report to the manager before volunteering when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).
6. Or any other potentially contagious illness.

### Reporting: Diagnosed Illnesses

I agree to report to the manager before volunteering when I have;

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. Infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A
6. Or any other contagious illness.

### Reporting: Exposure of Illness

I agree to report to the manager before volunteering when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.

### Exclusions and Restrictions from Volunteering

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from volunteering at F.A.R.M. Café.

\*If you are excluded you are not allowed to volunteer.

\*\*If you are restricted you are allowed to volunteer, but your duties may be limited.

Please check agreement box, print, sign and date adjoining form.

You may be provided with a copy of this Agreement upon request.