

Volunteer/Internship Consent Form

Name: _____

School: _____

COH Program Assignment: _____

Thank you for joining Center of Hope Foundation, Inc. As discussed, your opportunity is approved pending the outcome of the background checks. Please sign below giving consent to investigate the following background information:

- ___ CORI (with a color copy of state issued Identification)
- ___ Federal Fingerprinting background check (You will be responsible for \$45 fee that will be reimbursed by the agency pending long term availability)
- ___ SORI
- ___ DPPC & CT Abuse and Neglect Registry Checks
- ___ Reference Checks
- ___ Letter of Recommendation from school staff (if applicable)

Until above mentioned are completed, you will not be able to start your Volunteering/internship.

I understand the provisions of my internship and give Center of Hope Foundation Inc. the consent to complete the above-mentioned background checks.

NAME (please print)

DATE

Signature

Human Resources Representative

DATE



Center of Hope Foundation
P.O. Box 66
Southbridge, MA 01550
508-764-4085



Volunteer Application

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone Number: _____ Cell Phone Number: _____

Are you over 18 years of age?: Yes _____ No _____

Have you filed an application with this agency before? Yes _____ No _____

Have you ever been employed with this agency before? Yes _____ No _____

If yes, give the date _____

On what date would you be available to begin? _____

What day(s) are you available to Volunteer?

Mon Tues Wed Thurs Fri {Circle}

What time of day are you available to Volunteer?

Morning Afternoon {Circle}

Why are you interested in volunteering at Center of Hope?

References:

Please provide name & phone number of three references NOT related to you, and are NOT previous employers

1. _____

2. _____

3. _____



Center of Hope Foundation
P.O. Box 66
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It is my understanding that this application, or the granting of an oral interview does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if accepted, my time will be at-will in nature, and may be terminated with or without cause at any time, by either myself, or the agency. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this agency, or organization.

Agreement: I certify that the information on this application is true, complete and correct. I authorize the Center of Hope to investigate my references and I release from all liability all persons, companies, and corporations supplying such information. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of volunteer position or discharge.

Signature of Applicant

Date

Signature of Guardian (if applicant is under 18)

Date

For Personnel Department Use Only

Interview Scheduled? Yes _____ No _____

Program Assignment: _____

CORI Completed? Yes _____ No _____ Fingerprints Completed? Yes _____ No _____

Start Date: _____ End Date: _____

Supervisor: _____

Background Checks Completed (date): MA DPPC: _____ CT DPPC _____ SORI _____

Staff Completing Checks (name): _____



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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

**TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.**

Center of Hope Foundation, Inc. is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Center of Hope Foundation, Inc. to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Center of Hope Foundation Inc. written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER and LICENSING PURPOSES ONLY:

The Center of Hope Foundation, Inc. may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Center of Hope Foundation, Inc. must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION:

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*Last Name *First Name Middle Name Suffix

Your Maiden Name (or other name(s) by which you have been known)

* Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: ____ - ____

Sex: ____ Height: ____ft. ____in. Eye Color: ____ Race: ____

Driver's License or ID Number: ____ State of Issue: ____

Mother's First Name, Maiden Name, Current Last Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

DO NOT COMPLETE BELOW THIS LINE. FOR PERSONNEL USE ONLY.

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____
Name of Verifying Employee

Signature of Verifying Employee



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Division of State Police
State Police Bureau of Identification



STATE OF CONNECTICUT
CRIMINAL HISTORY RECORD REQUEST FORM
(PLEASE TYPE OR PRINT CLEARLY)

Check Type of Background Search Requested:

- () CT Only search by Name/Date of Birth-\$36.00 (will only provide existence of a record and not actual record)
() CT Only Criminal Conviction History Record Search-\$75.00 (Name/DOB Search will provide a copy only if a record exists)
() CT Only Criminal Conviction History Record searched by Fingerprint-\$75.00*
*Fingerprinting completed at a Connecticut State Police location - \$15.00

Name of Requester: _____ Date: _____

Requester Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

E-Mail Address: _____
(NOTE: If e-mail address is provided, results will be sent *solely* via e-mail)

1. Print full name and date of birth, maiden or alias names for each subject requested.
2. If a fingerprinted criminal history record check is required submit a Fingerprint card along with this form.
3. Enclose a Check or Money Order for the applicable amount made payable to:
"Treasurer-State of CT"
4. If you are requesting more than one name please submit one check for the total dollar amount of all subjects requested. A separate form will be required for each search requested.
5. Mail Request with Check or Money Order to:
DESPP-SPBI
1111 Country Club Road
Middletown, CT 06457-2389

Subject's Last Name	First	Middle	Date of Birth
			/ /

List any alias or maiden names and dates of births used:

The result of this search is based on name and date of birth or fingerprint card submission and contains State of Connecticut criminal conviction history record information ONLY. Please be advised that the criminal history record information may change daily due to erasures, corrections, pardons or other modifications to individual criminal history record information, the Department of Emergency Services and Public Protection (DESPP) cannot guarantee the accuracy of the information except with respect to the date the information is disclosed or obtained. DESPP and the State of Connecticut are not responsible for any errors or omissions resulting from subsequent dissemination of this data. The subject and/or requester assumes all liability in the use of data obtained from this database.

****A COPY OF THIS FORM MAY BE USED****

Phone: (860) 685-8480 Fax: (860) 685-8361
1111 Country Club Road
Middletown, CT 06457-2389

An Affirmative Action / Equal Opportunity Employer



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The Center of Hope Foundation

Fingerprinting Information

First: _____ Middle: _____ Last: _____

Maiden Name/Alias: _____ Phone number: _____

Birth Date: _____ Sex: _____ SSN: _____

Race: _____ Ethnicity (Circle one): Hispanic/Not Hispanic

License Number: _____ State: _____

Place of Birth: _____ Country of Citizenship: _____

Mother's Full Maiden Name: _____

Residential Address: _____

Mailing Address (if different): _____



Center of Hope Foundation
100 Foster Street
Southbridge MA

HIPAA Acknowledgment

- Be HIPAA Aware.
- Always be thinking of Consumer confidentiality.
- Secure any HIPAA protected information before leaving an area.

I will be responsible for my misuse, wrongful disclosure and unauthorized access to confidential information. I understand that the agency is a HIPAA compliant facility and that any breach could result in termination of my employment within the agency.

Employee Name (Printed)

Agency Representative Name (Printed)

Employee Signature

Agency Representative Signature

Date

Date

Center of Hope Foundation, Inc.
PO Box 66,
Southbridge, Ma 01550
508-764-4085
Code of Ethics

This Code of Ethics has been adopted by our Board of Directors to help ensure compliance with legal and ethical responsibilities necessary for a non-profit agency serving persons with disabilities. All company directors, officers and employees are expected to read and understand the Code of Ethics, uphold these standards in day to day activities, comply with all applicable policies and procedures and ensure that all persons involved with this agency are aware of understand and adhere to these standards. Further, because these principals in this policy are general in nature, each person should also review all applicable company personnel and other policy manuals for more specific instruction and contact the Personnel/Human Resources Department if there are any questions. Violations will subject employees to disciplinary action.

We are committed to regularly reviewing and updating all our policies and procedures. Therefore, this Code of Ethics may also be subject to modification. This Code supersedes all other such codes, policies, procedures, instructions, practices, rules or written or verbal representations to the extent they are inconsistent. All directors, officers and employees must sign the acknowledgement form and return to the Personnel/Human Resources Department indicating that you have received, read, understand and agree to comply with the Code of Ethics, which will be located in your personnel file.

The Center of Hope is recognized as a part of a National and State organization that is a leader in providing services for people with disabilities, as well as other charitable endeavors.

Throughout Southern Worcester County, the Center of Hope Foundation has earned the trust of the community and funding agencies by providing 60 years of ethical, responsible service to the 64 town area. We believe that the continued success of the agency depends upon maintaining these high standards of performance, professionalism and ethical conduct.

The Center of Hope places the highest priority on its relationships with the funding agencies (DDS, DMA, MRC, etc.) that support us, the private donors who contribute to our services, the volunteers who work with us, the families we serve, and especially the participants that arrive each day to our programs. To achieve this goal, the Center of Hope attempts to create an environment that ever strives toward accomplishment of our Mission and Guiding Statements.

The following Code of Ethics is a policy of the Center of Hope Foundation, Inc. and expresses our fundamental values. Accordingly, this code is meant to guide the conduct of all employees, volunteers and professionals associated with the agency as we carry out the mission of the Center of Hope.

The Agency expects all employees, directors and representatives to exercise good judgment to ensure the safety and welfare of the people we serve, as well as to maintain a cooperative, efficient, positive, harmonious and productive environment and business organization. It is expected that our ethical standards will be maintained within and without the agency and that individuals who compromise these values to the detriment of our participants, families and staff may be subjected to disciplinary action or termination.

All employees, directors and representatives must comply with all applicable laws, regulations, rules and regulatory orders. Every employee should have a working knowledge of permissible activities involved in his or her work and should seek guidance from a superior where there is any question. Whenever there exists a potential violation of law or possible ethical compromise of a legal requirement, every employee has an obligation to avoid or to promptly correct the situation as necessary. Violations of laws, regulations, rules and orders may subject the employee to individual criminal or civil liability, as well as to discipline by the agency. Such disciplinary action

may include termination for cause. Such individual violations may also subject the Center of Hope to civil or criminal liability or the loss of business.

Every employee is an important contributor to the Center of Hope's success. All employees work as a team to produce quality services. In so doing, the agency is committed to hiring, promoting and compensating employees based on their qualifications and demonstrated ability to perform job responsibilities. The company is also committed to providing a workplace free of harassment, including sexual harassment. As an Equal Opportunity Employer, the Center of Hope treats all employees fairly, without regard to age, race, national origin, religion, sex, condition of pregnancy, marital status, disability, veteran status, sexual orientation and any other consideration made unlawful by federal, state or local laws.

Each of us has a responsibility to the Center of Hope, our stakeholders and each other. Although this duty does not prevent us from engaging in personal transactions and investments, it does demand that we avoid situations where a conflict of interest might occur or appear to occur. The Agency is subject to scrutiny from many different individuals and organizations. We should always strive to avoid even the appearance of impropriety.

We strive to carry out our mission by:

I. Complying with the laws and regulations of our non-profit status

- A. Adhere to the IRS Tax Code for charitable organization
- B. Prevent participation in endorsing elected officials as an agency
- C. Make full and fair disclosures of relevant information to contributors
- D. Comply with the membership requirements of the State and National Arc
- E. Direct the distribution of funding from State Agencies and others wisely, efficiently and objectively.
- F. Inform the families being served through all appropriate means of media outlets

II. Demonstrate personal integrity with program members, volunteers, donors and co-workers

- A. Maintain truthfulness and honesty
- B. Avoid conflicts of interests and favoritism
- C. Ensure that behavior outside of the agency is appropriate
- D. Refuse to engage in or tolerate forms of illegal discrimination and sexual harassment.
- E. Follow the Drug Free Act of 1988
- F. Contribute to the team effort, and ensure that others receive appropriate credit
- G. Ensure that outside employment and other activities do not interfere with responsibilities to this agency

III. Set an example as a professional non-profit organization

- A. Ensure that information which is confidential or privileged is not disclosed inappropriately
- B. Comply with the Center of Hope Foundation, Inc. Personnel Policies manual
- C. Support and treat all program members, volunteers, coworkers and colleagues with fairness and respect
- D. Offer job opportunities publicly so that all qualified applicants know of the openings

IV. Strive for professional excellence

- A. Strive to meet individual and team performance standards at the highest level
- B. Encourage and provide support for employee growth and development and education.
- C. Encourage employee involvement in appropriate organizations and the governmental process

Additionally, as a person in close contact with persons served we will follow these ethical codes of conduct:

V. Treatment of Program members

- A. Individuals and their families receiving services from the Center of Hope will be treated in accordance with the following code of conduct:
- B. Program members will be treated as peers deserving the respect, rights, fairness and the opportunities and resources available by this agency without regard for the nature of one's disability or behaviors.
- C. Diligence will be maintained to foster each program member's self-esteem and acceptance.
- D. Each program member and/or his/her family/guardian will be offered ongoing opportunities to convey their wishes, goals, concerns or complaints with the expectation that agency staff will address his/her issues.
- E. Opportunities for learning, community experiences, work experiences and other services will be provided by this agency to foster growth and development.
- F. Legal rights, human rights and the removal of barriers will be ensured to the highest degree possible in order to provide safe and effective programs.
- G. Program members and their families will have their confidentiality and privacy safeguarded relative to their involvement, information and issues in connection with the Center of Hope.
- H. Exchanges of gifts, money or gratuities will not take place between individual staff and program members. Program members may help in fundraising for agency events and fundraisers, but may not be coerced into engaging in this activity.
- I. Staff and participants are prohibited from dating and engaging in sexual relationships. These boundaries are important to maintain in order to protect participants from exploitation or the appearance of exploitation, which can be most damaging to all the individuals concerned, families and other participants.

Agency Administrative #7A

This document will be kept in Employee's Personnel File.



Code of Ethics Sign off Sheet

I acknowledge I have received this a copy of Center of Hope's Code of Ethics and will contact HR with any questions I have regarding these forms.

Employee Name (Please Print): _____

Employee Signature: _____

Agency Representative: _____

Date: _____

Center of Hope Foundation, Inc.
P.O. Box 66
Southbridge, MA 01550
508-764-4085

EMPLOYEE DRESS CODE

This policy pertains to all locations unless specific program sites have other dress requirements. Employees should dress in a professional manner and remember their appearance represents both the agency and the program members the agency serves. Please dress accordingly. Violations of this policy may result in being sent home by Program Director/Administrator or site supervisor to change and loss of time will occur.

Anytime a supervisor feels that you are not dressed appropriately, you will be sent home to change. You will be required to clock out when you leave.

For those employees who attend meetings with outside stakeholders, professional dress is expected.

Shirts

- Ladies: Regular sleeveless/sleeved tops. No shirts that expose belly, back, - or cut to expose any cleavage. No spaghetti strap or halter tops.
- Men: Polo shirts, casual, button down shirts are acceptable. No white undershirts or tank tops.
- All employees: T-shirts should not have any swears, insulting language, or pictures printed on them. Clothing with drug or alcohol related words or pictures are prohibited.
- Clothing must be properly fitted so as not to be provocative.

POOL ATIRE / Summer Camp Swim Wear.

- **No bikini or speedo swim wear allowed, modest attire only, one-piece swim wear allowed.**

Pants/Shorts

- Proper fitting casual slacks and jeans. Shorts are acceptable if the length is mid-thigh. Jeans with designed rips/holes are permitted provided they are not provocative. Lounge/pajama pants are not acceptable. Stretch pants or leggings may be worn under a skirt or a shirt that is at least mid-thigh.
- Clothing must be properly fitted so as not to be provocative.

Shoes

- Sneakers, dress shoes, or sandals are acceptable, however, no open-toed shoes are permitted while driving Agency vehicles or on a MART run.
- Employees who work on the production floor, yard crews, kitchens and competitive community based employment sites may not wear open toed shoes or flip flops. High heels may not be worn when required to assist program members.

Body Art/Tattoos

- Body Art/Tattoos and body piercings are considered to be personal choices. However, employees who have face-to-face contact with external organizations are expected to represent the agency in a professional manner and may be asked by their supervisor to remove nose/tongue/eyebrow rings or to cover up tattoos.

All Employees-

- Where appropriate and as directed by program manager's employees might need to have an extra change of clothes and shoes in their car.
- Employees assigned to a community site may be required to follow specific dress code.
- Wearing jewelry is at the employee's own risk. The agency is not responsible for reimbursement for damaged jewelry. If the employee chooses to wear jewelry, the agency strongly encourages employees to wear small and appropriate jewelry.

Employee Signature_____Date_____

Director Signature_____Date_____

THIS DOCUMENT WILL BE KEPT IN EMPLOYEE'S PERSONNEL FILE

COHF, Inc. 3/07, 9/09, 9/10, 10/11, 1/16,1/18,11/19

Center of Hope Foundation, Inc.
PO Box 66
Southbridge, MA 01550
508-764-4085

Sexual Harassment Policy

Policy Statement

The Center of Hope Foundation, Inc. is committed to providing a safe environment for all its employees free from discrimination on any ground and from harassment at work including sexual harassment. To achieve this, the agency will investigate all complaints reported to any employee. The Center of Hope Foundation, Inc. will operate a zero tolerance policy for any form of sexual harassment in the workplace, treat all incidents seriously and promptly investigate all allegations of sexual harassment. Any person found to have sexually harassed another will face disciplinary action, up to and including dismissal from employment. All complaints of sexual harassment will be taken seriously and treated with respect and in confidence, to the agency's fullest capability during an investigation.

Sexual Harassment and retaliation against an employee for filing a complaint or cooperating in an investigation of a complaint is unlawful.

No one will be victimized or retaliated against for making such a complaint or for cooperating in an agency investigation.

Sometimes, people who harass others do not realize that their behavior is wrong. The agency understands this is possible, but that doesn't make the perpetrator any less responsible for his/her actions.

Definition of sexual harassment

Sexual harassment is unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated. It includes situations where a person is asked to engage in sexual activity as a condition of that person's employment, as well as situations which create an environment which is hostile, intimidating or humiliating for the recipient.

Sexual harassment can involve one or more incidents and actions constituting harassment may be physical, verbal and non-verbal. Examples of conduct or behavior which constitute sexual harassment include, but are not limited to:

Physical conduct

- • Unwelcome physical contact including patting, pinching, stroking, kissing, hugging, fondling, or inappropriate touching
- • Physical violence, including sexual assault
- • Physical contact, e.g. touching, pinching
- The use of job-related threats or rewards to solicit sexual favors

Verbal conduct

- Comments on a worker's appearance, age, private life, etc.
- Sexual comments, stories and jokes
- Sexual advances
- Repeated and unwanted social invitations for dates or physical intimacy
- Insults based on the sex of the worker
- Condescending or paternalistic remarks
- Recording a personal voicemail or leaving a voicemail
- Sending sexually explicit messages (by phone or by email)

Non-verbal conduct

- Display of sexually explicit or suggestive material
- Sexually-suggestive gestures
- Whistling
- Leering
- Sending any suggestive material via text
- Emails that may be sexual

Anyone can be a victim of sexual harassment, regardless of their sex and of the sex of the harasser. The Center of Hope Foundation, Inc. recognizes that sexual harassment may also occur between people of the same sex. What matters is that the sexual conduct is unwanted and unwelcome by the person against whom the conduct is directed.

The Center of Hope Foundation, Inc. recognizes that sexual harassment is a manifestation of power relationships and often occurs within unequal relationships in the workplace, for example between manager or supervisor and employee.

Anyone, including employees of the Center of Hope Foundation, Inc., clients, customers, casual workers, contractors or visitors who sexually harasses another will be reprimanded in accordance with this internal policy.

All sexual harassment is prohibited whether it takes place within the Center of Hope Foundation's premises or outside, including at social events, fundraising events, business trips, training sessions, conferences or any agency-sponsored events by the Center of Hope Foundation.

Complaints procedures

Anyone who is subject to sexual harassment should inform their immediate supervisor or a Senior Management Staff or HR Director. The victim may always report to a staff in supervisory position with whom that employee feels comfortable.

All complaints will be forwarded to the Human Resource Department. All interviews as part of this process will be conducted with at least 2 Management Staff.

Complaints will be investigated in a reasonable and timely manner.

When a designated person receives a complaint of sexual harassment, he/she will:

- Immediately record the dates, times and facts of the incident(s)
- Ascertain the views of the victim as to what outcome he/she wants
- Ensure that the victim understands the company's procedures for dealing with the complaint
- Discuss and agree the next steps, such as either informal or formal complaint, on the understanding that choosing to resolve the matter informally does not preclude the victim from pursuing a formal complaint if he/she is not satisfied with the outcome
- Keep a confidential record of all discussions
- Respect the choice of the victim
- Ensure that the victim knows that they can lodge the complaint outside of the company through the relevant country/legal framework

Throughout the complaint procedure, a victim is entitled to be supported by the Agency. The Center of Hope Foundation, Inc. recognizes that because sexual harassment often occurs in unequal relationships within the workplace, victims often feel that they cannot come forward. The Agency understands the need to support victims in making complaints.

Informal complaints mechanism

If the victim wishes to deal with the matter informally, the designated person will:

- Give an opportunity to the alleged harasser to respond to the complaint
- Ensure that the alleged harasser understands the complaints mechanism
- Facilitate discussion between both parties to achieve an informal resolution which is acceptable to the complainant, or refer the matter to a designated mediator within the company to resolve the matter, if victim is comfortable with this process
- Ensure that a confidential record is kept of what happens
- Follow up after the outcome of the complaints mechanism to ensure that the behavior has stopped
- Ensure that the above is done speedily

Formal complaints mechanism

If the victim wants to make a formal complaint or if the informal complaint mechanism has not led to a satisfactory outcome for the victim, the formal complaint mechanism should be used to resolve the matter.

The Human Resources Department and a member of the Executive Team will start a formal investigation. All interviews as part of this process will be conducted with at least 2 Management Staff. Complaints will be investigated in a reasonable and timely manner.

The person(s) carrying out the investigation will:

- Interview the victim and the alleged harasser separately
- Interview other relevant third parties separately
- Determine whether or not the incident(s) of sexual harassment took place
- Produce a report detailing the investigations, findings and any recommendations
if the harassment took place, decide what the appropriate remedy for the victim is, in consultation with the victim (i.e.- an apology, a change to working arrangements, a promotion

if the victim was demoted as a result of the harassment, training for the harasser, discipline, suspension, dismissal)

- Follow up to ensure that the recommendations are implemented, that the behavior has stopped and that the victim is satisfied with the outcome
- If it cannot determine that the harassment took place, he/she may still make recommendations to ensure proper functioning of the workplace
- Keep a record of all actions taken
- Ensure that the all records concerning the matter are kept confidential
- Ensure that the process is done as quickly as possible

Outcomes

The Agency, as mentioned, takes allegations of Sexual harassment extremely seriously. Any employee who is found to have engaged in this behavior may be immediately terminated or subject to Disciplinary Action including a formal warning with a Corrective Action Plan, retraining or Transfer. Any employee found to have engaged in this behavior on a second occasion will be immediately terminated.

The Agency reserves the right to place any employee who has had a complaint of Sexual Harassment filed against him/her on immediate paid suspension during an investigation.

State Contact Information:

MCAD (*Massachusetts Commission Against Discrimination*)

Phone at 617-994-6171 e-mail mcad@mass.gov

12/20, 12/01/21

Center of Hope Foundation
Acknowledgment and Receipt
of Sexual Harassment Policies

I, _____ have received a copy of the Sexual Harassment Policies, December 2021.
I am aware that if I have questions, I should speak to Human Resources, Program Administrator, or Program Director.

Employee

Date

HR Representative Sign-Off

Date

This document will be kept in Employee's Personnel File

12/2021

Workplace Surveillance and Monitoring Consent Form

This form acknowledges that you understand and agree to Center of Hope Foundations position on workplace monitoring and Surveillance. You understand that all public areas of the agency are continuously monitored by video surveillance and may be used as evidence in a court of law. Audio and Video surveillance shall be in accordance with applicable laws pertaining to their use. The agency also shall comply with all applicable laws related to maintaining recording of video and audio surveillance.

Name (please print)

Signature

Agency Representative

Date