M E M O R A N D U M

TO: Local Churches of the Eastern Pennsylvania Conference of The UMC

FROM: Matthew Morley, Conference Chancellor

DATE: May 14, 2020

RE: Sample Covid-19 Code of Conduct

As discussed on the webinar on May 12, 2020, I have prepared a sample Covid-19 Code of Conduct for church volunteers and employees to sign. This is a sample only. Each local church should review in detail and carefully weigh the benefits and limitations of such code of conduct. Given the diversity of churches within the Conference, I simply cannot guarantee that this code of conduct is appropriate for every situation.

Additionally, it is important to note that in my professional capacity as an Attorney, I represent the Eastern Pennsylvania Conference of the United Methodist Church. I do not represent any local church unless that local church has engaged me to represent them. Local churches should consider obtaining their own attorney. If your local church believes that they need an attorney to represent them, I can certainly discuss my firm’s availability to do so or provide a referral.

**COVID-19 Code of Conduct for Employees and Volunteers**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization**. COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

To protect our employees, volunteers, and other individuals who utilize our facilities, all employees and volunteers are required to agree to this Code of Conduct.

Please read and initial next to each of the following statements indicating your understanding and agreement. Please direct any questions to [INSERT CONTACT NAME AND TITLE OF CONTACT].

\_\_\_\_\_\_\_\_\_ I will wash my hands using CDC recommended handwashing procedures throughout the day.

\_\_\_\_\_\_\_\_\_ I will not enter church facilities if I have symptoms of COVID-19. Such symptoms include, but are not limited to chills, shortness of breath, dry cough, sore throat, or a fever of 100.4 degrees or higher. If I develop such symptoms, I must be symptom-free for 72 hours before returning to Church facilities.

\_\_\_\_\_\_\_\_\_ I will always wear a mask while on church property and while conducting church business off premises and will remain 6 feet from all other people.

\_\_\_\_\_\_\_\_\_ I will limit my exposure by complying with all state, county, and local stay-at-home orders and by limiting contact to persons living in my household. I will only go to stores to shop for essential items and will follow any recommendations from the CDC that limits my risk for exposure including wearing a mask in all public places and remaining 6 feet from all other people.

\_\_\_\_\_\_\_\_\_ I will cooperate with any attempts to prevent exposure on Church facilities by permitting Church to take my temperature, if requested.

\_\_\_\_\_\_\_\_\_ I will immediately notify [INSERT CONTACT NAME AND TITLE OF CONTACT] if I test positive for COVID-19, am a presumed positive, or if I develop any of the symptoms of COVID-19 listed above.

\_\_\_\_\_\_\_\_\_ I will immediately notify [INSERT CONTACT NAME AND TITLE OF CONTACT] if I become aware that I was exposed to someone who has tested positive for COVID-19 or is a presumed positive.

\_\_\_\_\_\_\_\_\_ I will follow all other rules and procedures adopted by the Church to prevent exposure to COVID-19 and protect the health and welfare of the Church community.

I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by the Church may result in my termination of employment or my loss of volunteer privileges.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Church Staff Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_