

## CODE OF ETHICS

The following statements are a “Code of Ethics” designed to promote quality services for our care receivers. All volunteers must read and sign this agreement.

1. I will, to the best of my ability, be responsible for keeping scheduled visits or other commitments to the client. If circumstances arise that make me unable to meet my obligation, I will phone the client to reschedule a visit for another time. If I am unable to transport a client, I will notify the office as soon as possible so that other arrangements can be made. If I am unable to reach the client to reschedule a visit, I will notify the office so that the client can receive my message from the office.
2. I agree to place the care and welfare of the client above all other need while they are in my charge.
  - I will conduct myself in a polite, cheerful, trustworthy manner at all times.
  - I will not either smoke or consume alcohol while with a client.
  - I will not have consumed alcohol for at least 8 hours prior to my volunteer commitment.
  - I will not either lift or move the client.
  - I will not dispense any medication, either prescription or over-the-counter medication, to the client.
  - If the client becomes ill in my presence, I will notify The CareGivers, Inc. office immediately. I will phone “911” immediately if the situation warrants it.
  - I will notify The CareGivers, Inc. of any significant physical or emotional change in the client. I will report any activity present that I find concerning or in need of being addressed including suspicions of abuse.
  - I will not voice my opinion on family matters. I will let all decisions regarding the client be left to the family and will not involve myself in this process.
3. If a client is expecting me and does not answer the door when I arrive, I will contact The CareGivers, Inc. office to see if there has been a change in the arrangements. If I am unable to reach someone in the office, I will leave a message. I will continue to try via telephone or knocking on the door to summons a response. After 15 minutes, I will phone “911”, explain the situation, and request assistance from the police.
4. I understand that some clients may have an infectious disease. If I am exposed to any bodily fluids, I will thoroughly clean the area with soap, water, and inform The CareGivers, Inc. office of the incident within 24 hours.
5. If I am scheduled to provide services to a client and I develop a contagious condition such as a cold, fever, flu, diarrhea, etc. or I have been exposed to a contagious disease (i.e. Chicken

pox), I will contact The CareGivers, Inc. office as soon as possible so that alternative arrangements can be made for the client. When in doubt, I will cancel.

6. I will notify The CareGivers, Inc. immediately if there is any change in the status of my driver's license or insurance coverage. I will also notify The CareGivers, Inc. if I receive any traffic citation other than a parking ticket.
7. I agree to complete the service log accurately and in a timely manner for each month's collection of statistics.

**\*\*Note:** A copy of this form is included in your volunteer packet. This form will need to be signed, dated and on file for our records.