



Code of Conduct Agreement – 2024

Between Fairhaven and _____ *Print Name*

Check appropriate box ☐ Employee ☐ Volunteer ☐ Student ☐ Other _____

I understand that as a member of the Fairhaven Care Team, my words and actions reflect on the Home both while I am on duty, as well as when off-duty in the wider community that is served by Fairhaven.

By signing below, I indicate my understanding and agreement to the following:

1. I have read, understood and will comply with Fairhaven's Code of Conduct, *Policy HR-080*
2. I agree that situations involving other care team members who do not follow the Code of Conduct must be reported to a member of the Leadership Team.
3. I understand that this policy covers a number of areas of responsibility for every care team member, including:
 - a. Confidentiality of Information – Resident, Employee & Corporate
 - b. Communicable Disease
 - c. Personal Presentation
 - d. Chain of Command
 - e. Abiding by the Law
 - f. Interpersonal Relations
 - g. Respect for Property
 - h. Off Duty Conduct
4. I understand that failure to comply with this policy may lead to discipline up to and including dismissal.

Employee Signature

Date _____

Return completed form to the Human Resources Generalist