

**Northern Light United Church (NLUC)
COVID-19 – BE SAFE Plan**

**Attachment 1
A Covenant of Care During COVID-19**

The community of faith of Northern Light United Church invites all who enter this building or return to meet in person to join in a covenant of care for one another in order to demonstrate our love of God and neighbor and care especially for those who are most vulnerable to COVID-19. These are the core practices we affirm to reduce known risks of COVID-19 virus transmission as we re-enter our building and engage in-person activities. We ask for your commitment to join in this effort.

I commit to help reduce disease transmission by:

Compassionate Distancing

- Staying at home if I am sick (or have been with someone who has symptoms of sickness.)
- Wearing a mask at all times (when gathering with our church community indoors, outdoors, in the church building, or in member homes.)
- Keeping six feet between myself and others who are not part of my household.
- Sitting with my household in designated areas.
- Allowing no more than two people in a bathroom at one time.

Doing Things Differently

- Signing in every time I enter the church building.
- Greeting others without touching them.
- Refraining from singing.
- Agreeing not to share drink or food.
- Keeping children of my household beside me.
- Leaving the building immediately, if I begin to feel ill with any COVID-19 symptoms.
- Notifying, as soon as possible, the person responsible for the activity I was attending or the BE SAFE Plan Coordinator that I left because I was feeling ill or tested positive for COVID-19 within three days of being in the building. The BE SAFE Plan Coordinator is Myra Munson – myra.munson@outlook.com – (206) 795-2972.

Sanitizing

- Washing or sanitizing my hands after checking in to the church building.
- Washing my hands after using the bathroom.

I commit to be patient and respectful of requests made for the safety of all. I recognize that some members of this community are at increased risk of contracting COVID-19 and I want to contribute to a positive environment of care and concern for one another.

I agree to ABIDE BY THIS Covenant of Care:

Print Name

Signature

Date: _____

Phone Number: _____