

Alaska Airlines Horizon Air



To: CARE Team Volunteers

From: The Alaska Air Group Emergency Preparedness Department

Subject: Alaska Air Group CARE Team Ethical Standards and Responsibilities

Thank you for your willingness to volunteer for the *Alaska Air Group CARE team*.

The work of a CARE volunteer is demanding; it requires a high level of dedication, compassion, and personal sacrifice. Responding to an accident is likely to be one of the most challenging, emotionally charged experiences of your life. In such an intense environment, it is very important to have a clearly defined set of ethical standards and responsibilities to ensure both your own well being as well as that of the survivors and families. These standards and responsibilities have been developed based on the experiences of other airlines and on the basis of feedback received from our own Air Group CARE volunteers.

The *Alaska Air Group CARE Team Ethical Standards* were developed to help ensure the most secure environment possible for our volunteers, survivors, and family members and to protect the integrity of existing relationships. They are a tangible expression of Alaska Airlines and Horizon Air's commitment to the highest standards of integrity and professionalism. The *Alaska Air Group CARE Member Responsibilities* were developed to help you prepare for your role in a response, and to give you the tools you will need to tend to your own welfare in a traumatic situation.

We ask that you carefully read and consider each of the items in the attached letter of understanding. As a CARE Team volunteer, you are expected to understand and abide by these standards and responsibilities as a condition of your participation. If you agree, please sign the form and return it to SEAERAS as indicated.

Thank you again for your commitment to the CARE team.

The Alaska Air Group CARE Team Ethical Standards:

1. Each team member will hold personal information regarding survivors and family members as confidential forever, unless the team member believes that a potential risk to safety exists.
2. Under no circumstances and at no time will the CARE team member become involved in an intimate or romantic relationship with survivors or family members.

Immediate Consequences for Breaking the Ethical Standards:

1. You will be removed from your active role as a CARE team member.
2. You will be ineligible for participation in the CARE team in the future.
3. You may be subject to disciplinary action up to and including termination.

CARE Team Member Responsibilities:

1. I will ensure that my manager knows that I have volunteered as a member of the CARE team and that I may be asked to respond in the event of an accident. I understand that if I am called to respond, I must first get approval from my manager.
2. I will ensure that my family knows that I have volunteered as a member of the CARE team and that they understand that if activated, I may be absent from home for an extended period of time.
3. I understand that participation on the CARE team requires an annual recurrent training commitment. I agree to complete this training in the required timeframe each year.
4. I understand that if activated as a CARE team member, I will remain an employee of the airline for which I currently work, regardless of which airline is involved in the accident and regardless of my assigned location and duties. As a result, I will continue to receive the normal benefits I been receiving from my employer, including health care benefits if I am enrolled in a plan, as described in my Employee Benefit Handbook.
5. I understand that being activated as a CARE team member, whether in an administrative or a family support role, can be emotionally and physically demanding. As with any critical event, I may experience a range of stress reactions as a result of my participation in the response. I also understand that my participation is voluntary. I am not required to respond as a CARE team member to an accident, and I may resign from the program at any time.

6. If called to respond to an accident, I will complete an honest self-assessment prior to accepting an assignment.
7. In the event I am activated as a CARE team member I will conduct myself in a manner consistent with Alaska Airlines and Horizon Air company values.
8. I understand that it is possible I will not be called to respond to an accident, or that I may be asked to respond in an administrative role. I am committed to the greater goal of the CARE team and am willing to accept roles other than family and survivor assistance.
9. I agree that if I am activated as a CARE member I will participate in daily debriefings and will practice appropriate self-care. I recognize that to effectively assist others, I must also take care of myself.
10. If activated for an accident response, I agree to disengage from my CARE responsibilities when my assignment is completed or when instructed to do so by a member of the CARE leadership team.

Consequences for Failing to Meet CARE Team Responsibilities:

1. You will be removed from your active role as a CARE team member.
2. You may be ineligible for participation in the CARE team in the future.

Please save these pages and keep them with your CARE materials.

*The Alaska Air Group CARE Team
Ethical Standards and Responsibilities:
Letter of Understanding*



Check (✓) one of the following:

- I **CHOOSE** to serve as a CARE Team Member and have read and understand the ethical standards and CARE team member responsibilities.

- I **DO NOT CHOOSE** to serve as a CARE Team Member and have read and understand the ethical standards and CARE team member responsibilities. (To assist CARE Administration, please briefly explain on the back of this page why you do not choose to be a CARE Team Member. This information will be kept strictly confidential.)

My choice of assignment is:

- | | |
|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Family |
| <input type="checkbox"/> First Responder Administrative | <input type="checkbox"/> First Responder Family |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> Boardroom |
| <input type="checkbox"/> Vendor/Contractor | <input type="checkbox"/> Assignment Predetermined |

I am interested in learning more about:

- | | |
|---|--|
| <input type="checkbox"/> CARE Coordinator | <input type="checkbox"/> CARE Leader (Supv. Exp. Req.) |
|---|--|

Signed:

Signature

Date

Name (print clearly)

Comail Code

Please sign and return *this page only* to SEAERAS.