

Cell Phone Usage Agreement

Assigned User: _____ **Telephone No:** _____

Model No: _____ **Serial No:** _____

Use of (Agency Name) WIC Cell Phone:

The cell phone and included accessories remain the property of the (Agency Name) WIC program and peer counselors have no expectation of privacy when using this equipment.

If the peer counselor is no longer employed by (Agency Name) WIC program, the cell phone must be returned to (Agency Name). If the peer counselor fails to return the assigned equipment when requested to do so, employee is liable for full replacement cost.

The peer counselor will not allow anyone but herself to use the cell phone.

(Agency Name) WIC will be responsible for payment of cell phone service.

(Agency Name) WIC cell phones will only be used to contact (Agency Name) WIC participants and other WIC related business in regards to the Breastfeeding Peer Counseling Program.

(Agency Name) WIC will monitor the use of the cell phone.

Peer counselors are not authorized to use the WIC cell phone while operating a motor vehicle at any time. Doing so could result in immediate termination.

Reasonable precautions should be made to prevent theft and vandalism of the cell phone. In the event that a cell phone is lost, stolen, or vandalized due to a peer counselors failure to use reasonable precautions, (Agency Name) WIC may require the peer counselor responsible for such cell phone to reimburse (Agency Name) for the reasonable cost for replacement.

After regularly scheduled working hours, a peer counselor may need to remain available to answer a call from a WIC participant or be able to return a phone call to a WIC participant in a reasonable period of time as determined by the supervisor.

Peer counselors will be compensated for answering after-hours phone calls from WIC participants regarding breastfeeding topics. Peer counselors are expected to document time, subject and name of participant for each phone call. (Agency Name) WIC may verify the time recorded on the peer counselor's timesheet with cell phone records.

I have read, understand and agree to the above standards for use of the (Agency Name) WIC cell phone.

As the assigned user, I further agree to be responsible for controlling access and return of the equipment to the Breastfeeding Peer Counselor Coordinator.

Assigned User _____ Date _____

Supervisor _____ Date _____