

# MAKE THE PLEDGE!



*By taking this pledge,  
I commit to support and  
implement the  
Safe Care Action Plan  
in my setting.*

I pledge to do my best every day to increase the safety of the people I serve, and my fellow team members, by:

1. I will always treat the people in my care with respect and dignity and take steps to get to know them as a person.
2. I will speak up if I see something that may be unsafe or makes me feel uncomfortable.

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**RESPECT. SAFETY. DIGNITY.  
QUALITY OF LIFE.  
SAFE CARE FOR SENIORS  
IS OUR SHARED MISSION.  
THROUGH OUR WORDS  
AND ACTIONS— AND WITH  
THE SENIOR AT THE CENTER  
OF ALL WE DO — WE CAN PREVENT  
HARM AND ENHANCE QUALITY  
OF LIFE FOR ALL WE SERVE.**

**OUR CALLING**

**OUR COMMITMENT**

**OUR CULTURE**