**Crossroads Services, Inc.**

Dress Code Policy

Participants of the Crossroads Services, Inc. Day Program should dress in accordance with the following dress code policy. Not following the dress code policy may result in the Day Program requesting an appropriate replacement set of clothing be brought in. In the event replacement clothing is not available, the participant may be sent home.

* Halter tops and/or transparent blouses/tops, without something under them may not be worn. Low cut tops may not be worn as well.
* Undergarments are to be worn unless otherwise excused due to medical reasons. (Please provide documentation from a medical professional in these situations)

* Muscle shirts (with large openings in the sides) may not be worn.
* Men’s underwear (worn as outerwear) may not be worn.
* Footwear must be appropriate for the day’s activity. Please wear appropriate footwear depending on the volunteer site/activity that you may be visiting or taking part in that day.

* Shirts with suggestive themes, alcohol or tobacco slogans, bar logos, offensive language and/or any frightening images may not be worn.
* Torn or cut-up clothing may not be worn. Jeans with holes in them may not be worn (regardless of the price of the jeans.)

* Head bandanas may not be worn.
* Leggings may only be worn with a loose top and with a shirt that must be mid-thigh length. You may not wear leggings that can be seen through, including nude colors. The leggings must not be worn so tight that the fabric is transparent.
* Low riding shorts or jeans may not be worn.
* Shorts must be of an appropriate length near the person’s knee. This may need to be determined by Crossroads Services, Inc. if it becomes an issue.

* Participants should be freshly showered or bathed. Dirty clothing is not to be worn and you may be asked to change or have clean clothes brought in to replace the dirty clothing.

* Management has the final say on the appropriateness of all clothing.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_