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VOLUNTEER ORIENTATION CHECKLIST

ALL ORIENTATION CATEGORIES MUST BE SIGNED OFF BY

BOTH VOLUNTEER + VOLUNTEER COORDINATOR BEFORE

VOLUNTEER CAN BEGIN ASSIGNMENT(S)

VOLUNTEER SERVICES
Street Address
City, State Zip
Tel (202) 555 - 1212

VOLUNTEER'S NAME:	(First)	(Middle)	(Last)
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	VOLUNTEER'S INITIALS	DATE	COORDINATOR'S INITIALS	DATE
I. VIDEOTAPES:				
A. HOSPITAL DEPARTMENTS	_____	_____	_____	_____
B. ONLY THE HOSPITAL VOLUNTEER	_____	_____	_____	_____
C. "WHAT DO YOU SEE?"	_____	_____	_____	_____
II. VOLUNTEER LITERATURE:				
A. VOLUNTEER ORIENTATION MANUAL	_____	_____	_____	_____
B. HOSPITAL MISSION	_____	_____	_____	_____
C. IDENTIFICATION	_____	_____	_____	_____
D. VOLUNTEER DRESS CODE	_____	_____	_____	_____
III. FIRE REGULATIONS:				
A. PAGING SYSTEM - EMERGENCY #66	_____	_____	_____	_____
B. PROCEDURE FOR FIRE -or- DRILL	_____	_____	_____	_____
C. USE OF FIRE ALARM & EXTINGUISHER	_____	_____	_____	_____
IV. INFECTION CONTROL:				
A. ISOLATION TECHNIQUES	_____	_____	_____	_____
B. FREQUENT HANDWASHINGS	_____	_____	_____	_____
C. UNIVERSAL PRECAUTIONS	_____	_____	_____	_____
<i>(NOTE: Volunteers do not enter Isolation Rooms)</i>				
V. SAFETY:				
A. LIFTING TECHNIQUES	_____	_____	_____	_____
B. USE OF RUBBER GLOVES	_____	_____	_____	_____
C. DANGEROUS SUBSTANCES	_____	_____	_____	_____
VI. HOSPITAL TOUR:				
A. CAFETERIA & CANTEEN	_____	_____	_____	_____
B. CHAPEL	_____	_____	_____	_____
C. GIFT SHOP	_____	_____	_____	_____
D. CLINICAL SERVICES DEPARTMENTS	_____	_____	_____	_____
VII. INTRODUCTION TO PERSONNEL IN DEPTS OF ASSIGNMENTS:	_____	_____	_____	_____
<i>(NOTE: Departmental Orientation will be given directly by Departmental Supervisors where Volunteer is working)</i>				

WHITE = Volunteer Services

YELLOW = HIPPA Compliance

PINK = Volunteer