

VOLUNTEER ORIENTATION CHECKLIST

***Please click the box in front of each corresponding subject. By doing so, you acknowledge having read through and/or completed each subject matter and can demonstrate understanding for each.**

	Volunteer Application Form (VA Form 10-7055)
	Our Patients – Characteristics of customers served - <ul style="list-style-type: none"> • Red Vest/Red Card Program
	Veteran Suicide Prevention
	Customer Service - <ul style="list-style-type: none"> • Transporting Patients with a Wheelchair <ul style="list-style-type: none"> ○ Wheelchair Etiquette • Patient Advocacy Program • HIPAA Privacy Rule Training for Volunteers - <ul style="list-style-type: none"> ○ No picture taking on campus.
	Code of Conduct (sexual and/or workplace harassment from any source- physical, verbal, non-verbal, intimidating behavior will not be tolerated) – Respect Diversity
	Dress Code Policy – <ul style="list-style-type: none"> • Wear identification badge, practice good hygiene, and avoid overuse of scents.
	Federal Tort Claims Act – <ul style="list-style-type: none"> • Reporting of personal injury and first aid.
	Hospital Safety (take responsibility; use proper equipment; and report hazards) <ul style="list-style-type: none"> • Emergencies & Numbers • Severe Weather Alerts • Fire Plan: R.A.C.E. and P.A.S.S. • PPE Requirements for Volunteers • Cleaning and Sanitizing Surfaces and Hands • Infection Control
	Personal Safety - <ul style="list-style-type: none"> • Lifting & Carrying
	Tobacco Policy
	Dismissal Policy – Volunteers may be dismissed for several reasons – e.g. being under the influence of alcohol, drugs; sharing confidential information; accepting/lending or borrowing money or anything of value from a Veteran; gross misconduct; and/or other code of conduct violations.
	Summary – Important Notes <ul style="list-style-type: none"> • Voluntary Service Office Hours: 8:00am-4:30pm M-F, closed Federal Holidays. • All patients are at risk for falls. • Do not take Veterans off the CLC units without first notifying unit staff. Always ask staff if a Veteran can eat, drink, and/or be left alone at an event/off-unit activity before taking the Veteran off the unit.

I have been oriented on the above subjects and acknowledge that I am responsible for adhering to the instructions contained within the Volunteer Orientation Handbook, which I have viewed electronically and/or have obtained a printed copy. I agree to abide by the Rules of Conduct and I will not share any confidential patient information. Transportation volunteers agree to maintain current driver's license and insurance and inform Voluntary Service of any change in their health or driving status.

Signature of Volunteer

Date

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. Click to accept.

A printed and hand-signed agreement may be used in lieu of an electronic form.