Volunteer Handbook Orientation Quiz

VOL	UNTEE	R NAM	E (please	e print):
DAT	E:			
V <i>F</i> on	A Voluntai ice a wee	ry Service k or once	on a regu a month.	Volunteers are those volunteers who normally participate in ularly scheduled assignment, under VA supervision, at least by the VA to be "without compensation" employees.
	TRUE		FALSE	
2.	how we we will u	go about o se every o	our work - day in our	e VA Core Values. The Core Values are the basic elements of - they define "who we are" – and form the underlying principles service to Veterans. The Core Characteristics define "what we be to be as an organization."
	I C A	stands for		
3.	voluntee not estal	rs, patient blish perso	s, former onal frienc	ppropriate relationship boundaries with employees, other patients and/or patient's families. This means volunteers must dships or intimate relationships with employees, patients, embers of patients.
	TRUE]	FALSE	

4.	Volunteers are permitted to accept money from Veterans if they are only using those funds to purchase something on behalf of the Veteran.
	TRUE FALSE
5.	It is only necessary for you to wear your volunteer badge when entering or exiting the VA facility.
	TRUE FALSE
6.	Miniskirts, shorts, open-toed shoes, blue jeans on a Monday and see-through clothing are all considered to be appropriate attire when volunteering at the VA.
	TRUE FALSE
7.	The Health Care System Director has authorized an \$8.00 stipend to the VA Canteen to help defray the cost of noon meals for regular scheduled volunteers whose assignments extend over the noon lunch period.
	TRUE FALSE
8.	Volunteers must work or more hours to qualify for this stipend. a. 2 hours b. 4 hours
	c. 6 hours
9.	You should always call your supervisor in advance of your shift if you are unable to volunteer.
	TRUE FALSE

10. A simple smile may be the most comforting medication you can give to a patient. Smiles help to promote a friendly environment and are key to ensuring a great customer service experience.							
TRUE FALSE							
11. As a volunteer, you are permitted to take pictures of Veterans.							
TRUE FALSE							
12.Hand washing or hand hygiene is the single most effective way and the most important thing you can do to help prevent the spread of infection.							
TRUE FALSE							
13. Patient abuse, defined as any act against patients which involves physical, psychological, sexual, or verbal abuse, will not be tolerated. The penalty for patient abuse is removal. Health Care System employees, volunteers, students in training, and without compensation appointees who witness or receive reports of abusive behavior toward a patient must report the incident immediately to their supervisor.							
TRUE FALSE							
14. Volunteers are not responsible for maintaining the privacy of Veterans. Since you are a volunteer, you are exempt from HIPAA.							
TRUE FALSE							
15.S.A.V.E training will help you act with care and compassion if you encounter a Veteran who is suicidal. The acronym S.A.V.E summarizes the steps needed to take an active and valuable role in suicide prevention. Please fill in the blanks: \$\(\)							
A V E							

16. The Suicide Prevention Crisis Line is then dial
17. To call an emergency code, dial from any VA line and report the emergency.
18. There are two acronyms associated with CODE RED – FIRE OR SMOKE, please fill in the blanks:
Fire Emergency Response – RACE
R
A
C
E
Extinguishing a fire using a fire extinguisher:
P
A
<u>s</u>
S
19. Severe weather and disaster shelter signs identify shelter locations that can be used in the case of an emergency, tornado or severe weather. There are clearly marked and designated Green Shelter Signs which identify these locations. TRUE FALSE
20. It is best to back into an elevator when transporting a guest in a wheelchair.
TRUE FALSE
21. Before a patient enters a wheelchair, LOCK THE WHEELS and put the footrests up. TRUE FALSE

22. All Veterans are male, and it should be assumed that any female presenting to the VA is only accompanying a male Veteran.

TRUE FALSE

23. Food may not be provided to inpatient Veterans due to safety and diet concerns.

TRUE FALSE

Confidentiality/Ethics Agreement:

I certify that I have received and reviewed a copy of the Volunteer Handbook. I am aware that the health, welfare and safety of our patients, volunteers and staff is of primary importance and that I will do all I can to learn, comply with, and practice any and all procedures regarding the operation of a safe and efficient work place. As a volunteer at the Fargo Veterans Affairs Health Care System, I agree that:

- 1. I shall hold as absolutely confidential, all information that I may obtain directly or indirectly concerning patients, doctors, volunteers or Medical Center staff, and not actively seek to obtain confidential information from patients.
- 2. My services are donated to the hospital without the expectation of compensation or future employment, and are given for humanitarian, religious, patriotic, educational or charitable reasons.
- 3. I shall not seek to sell goods or services, request contributions, or solicit personnel to sign or distribute political petitions on Medical Center premises unless I receive the express authorization of the Chief, Center for Development & Civic Engagement or the Director of the Medical Center.
- 4. I will prevent and avoid the appearance of conflicts of interest.
- 5. I will not use my volunteer position for public office, including official time, information, property or endorsements for personal gain.
- 6. A volunteer must not accept a gift from a prohibited source or one given because of the volunteer's official position.
- 7. I will not discuss financial matters with patients.
- 8. I will comply with all ethics laws and regulations.

Items covered in this training competency include:

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VA Core Values and Characteristics	Sexual Harassment			
Rules and Ethics	Whistleblower Rights and Protections			
Boundaries	Emergency Codes			
Uniforms and Apparel	Elopement Risk Patients			
Time and Attendance	Hazardous Materials Management			
Customer Service	Patient Safety/Risk Management			
Political Activity	Patient Food Policy			
Unauthorized Solicitations/Financial	Actively Dying Veteran Door Sign			
Trans.				
Meals	Transport Volunteers			
Credit Union	Wheel Chair Safety			
Occupational Health	Geriatric Patients			
Infection Control	Women Veterans			
Privacy/Confidentiality	Reminders			
Patient Abuse	Fleet Card			
Suicide Prevention	Safe Driver Training			

Volunteer Signature:	Date:	Date:		
CDCE staff (upon receipt):	Date:			