Return this document at your scheduled appointment

VOLU	NTEER NA	ME (please p	rint):				
	:							
1.	participate	Regularly Scheduled (RS) Volunteers are those volunteers who normally participate in VA Voluntary Service on a regularly scheduled assignment, under VA supervision, at least once a week or once a month.						
	RS volunte employees TRUE		are cons	idered by the VA to be "without compensation"				
2.	elements of the underly	of hov ing p acter	w we go a principles	or the VA Core Values. The Core Values are the basic about our work – they define "who we are" – and form we will use every day in our service to Veterans. The ine "what we stand for" and what we strive to be as an				
	I CARE sta I C A R			- - -				
3.	other volur volunteers	nteers mus	s, patient t not esta	n appropriate relationship boundaries with employees, s, former patients and/or patient's families. This means ablish personal friendships or intimate relationships s, former patients, or family members of patients.				
	TRUE		FALSE					

4.	A volunteer badge only must be worn when entering or exiting the VA facility.
	TRUE FALSE
5.	Miniskirts, open toed shoes, and see-through clothing are all considered to be appropriate attire when volunteering at the VA.
	TRUE FALSE
6.	The Health Care System Director has authorized a \$7.00 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.
	Volunteers must workor more hours to qualify for this stipend. a. 2 hours
	b. 4 hours c. 6 hours
7.	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
8.	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

9.	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:				
,	S A V E				
10.	To call an emergency code, dialfrom any VA line and report the emergency.				
11. There are two acronyms associated when a fire alarm has been announced, please fill in the blanks:					
	Fire Emergency Response – RACE				
	R A C				
	E				
	Extinguishing a fire using a fire extinguisher:				
	P				
	A S				
;	S				
12.	Before a patient enters a wheelchair, LOCK THE WHEELS, and put the footrests up.				
	TRUE FALSE				
13.	All Veterans are male, and it should be assumed that any female presenting to the VA is only accompanying a male Veteran.				
	TRUE FALSE				

Confidentiality/Ethics Agreement:

I certify that I have 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 workplace. As a volunteer at NWIHCS Veterans Affairs Health Care System, I agree that:

- 1. I shall treat all information with strict confidentiality which I may obtain directly or indirectly concerning patients, doctors, volunteers, or VA staff. Additionally, I will 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, Voluntary Service 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 accept 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.

Volunteer Signature: _____

Date:	
Voluntary Service Staff Signature (upon receipt):	Date: