Volunteer Orientation and Training Checklist

Please have your Placement Supervisor or his/her designee complete and sign the second section of this form for unit orientation. Sign and return the form to Volunteer Services when completed.

Volunteer Name: ___________________________________________

Position: ___________________________  □ Fall  □ Winter  □ Spring/Summer Year(s): ______

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
<th>Initials</th>
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</thead>
<tbody>
<tr>
<td>Volunteer Orientation and Training</td>
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<td>VS</td>
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<tr>
<td>1. Attended Volunteer Orientation and Training</td>
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<tr>
<td>2. Obtained photo identification badge and understand policy</td>
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<tr>
<td>3. Completed Employee Health assessment including TB test</td>
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<td>4. Reviewed UMHS organizational structure</td>
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<tr>
<td>5. Discussed Confidentiality. Signed statement and placed in Volunteer Folder</td>
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<td>6. Reviewed UMHHC codes</td>
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<td>7. Reviewed all policies including parking, smoking, fragrance, attendance, dress code, and appearance, etc.</td>
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<td>VS</td>
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<tr>
<td>8. Reviewed Patient Rights/Responsibilities</td>
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<tr>
<td>9. Discussed Safe Practice and Infection Control</td>
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<td>10. Discussed Joint Commission</td>
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<td>11. Reviewed UMHHC terminology</td>
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<tr>
<td>12. Discussed the Critical Incident procedure including the yellow card code</td>
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Department/Unit Orientation

13. Reviewed placement responsibilities

14. Provided placement-specific orientation

15. Reviewed age-specific job requirements (if applicable)

16. Provided tour of unit and specific work area

17. Introduced unit team members

18. Reviewed work schedule

19. Reviewed the fire/safety bulletin board

20. Discussed Unit Safe Practices and Infection Control

21. Completed OSEH lab training (if applicable)

22. Requested computer/network access (if applicable)

I agree to take responsibility for reading and complying with the Volunteer Orientation and the Code of Conduct manuals.

Volunteer’s Signature ___________________________________________  Date: ______________

Supervisor’s Signature ___________________________________________  Date: ______________

Supervisor’s Name (Please Print) __________________________________

PLEASE RETURN FORM via fax, email, or drop-off: Email: umhs.volunteer@umich.edu  Fax: 734-936-9423 or mail to: Volunteer Services, L2616 UH South, 1500 E. Medical Center Dr., Ann Arbor MI 48109-5237.

Rev. 8.26.16