



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): _____

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