

Name (Please Print): _____

Volunteer Site:
Dearborn ___ Edgewood ___ Grant ___ Florence ___ Ft. Thomas ___ Other ___

Area(s) of Assignment (1) _____
Area

(2) _____
Area

Please check the response that comes closest to describing your volunteer experience in the last 12 months

	Always	Usually	Disagree/Request Follow-Up	N/A
I understand that I am the Patient Experience.				
I know and follow the I CARE values of St. Elizabeth Healthcare.				
I use the A.I.D.E.T. communication technique.				
I am made aware of St. Elizabeth policies through Annual Training, and I comply with these policies.				
I feel I have received complete and timely training and updates for my position.				
I know and follow the guidelines of my position description.				
I feel comfortable and capable to perform all the requirements of my position.				
I can perform the physical duties of my position (walking, standing, hearing, etc.)				
I strictly observe HIPAA and confidentiality policies.				
I understand and feel I know how to respond to safety codes.				
I know where the fire alarm pulls and fire extinguishers are in the area/s where I volunteer.				
I follow all infection control and hand washing guidelines.				
I follow the dress code for volunteers in my area.				
I wear my name badge on my upper body.				
I record my service every time I volunteer.				
I contact the area where I volunteer to inform them if I will be absent or tardy prior to scheduled shift.				

I feel I could benefit from: (check all that apply)

A review of my Position Description

Additional training/updating – Explain _____

Other _____

I would like to discuss a change in my assignment.

YES

NO

I would like to discuss an additional assignment.

YES

NO

Comments and Suggestions:

Thank you for completing this review and survey. Your responses will be reviewed and addressed. This form will be placed in your volunteer file. If you have any questions, please contact the Volunteer Services office.

Volunteer Signature

Date

Return with your Annual Training Answer Sheet to your Volunteer Office on or before June 30, 2024

FOR INTERNAL USE ONLY

NAME OF VOLUNTEER SERVICES REVIEWER _____

SIGNATURE _____ **DATE OF REVIEW** _____

COMMENTS/FOLLOW-UP: