

Volunteer Hospital Orientation

Name: _____

Date: _____

1 Volunteer Handbook

Attestation: I have reviewed the Volunteer Handbook. I agree to comply with the policies and guidelines outlined in it. If I have any questions or would like additional information, I will ask Volunteer Services staff OR consult the handbook on the website.

Initials: _____

2 Volunteer Training CBL

Attestation: I have read and understand the provisions outlined in the Volunteer Training CBL, including the requirements for adhering to SEH, federal, state and local safety regulations.

Initials: _____

3 Heart Attack Recognition and ACS

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

4 Stroke Updates

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____

5 Identifying and Reporting Abuse and Neglect

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

6 Health Equity, Culture and Community

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

7 Ethics

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

8 Language Services

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

9 Wheelchair Training

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____