

# 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 \_\_\_\_\_

### 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 \_\_\_\_\_