

## 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:* \_\_\_\_\_

<b>3</b>	<b>Heart Attack Recognition and ACS</b>	<b>5</b>	<b>Identifying and Reporting Abuse and Neglect</b>	<b>7</b>	<b>Ethics</b>	<b>9</b>	<b>Wheelchair Training</b>
1	_____	1	_____	2	_____	1	_____
2	_____	2	_____	3	_____	2	_____
3	_____	3	_____	4	_____	3	_____
		4	_____	5	_____	4	_____
<b>4</b>	<b>Stroke Updates</b>	5	_____	6	_____	5	_____
1	_____	6	_____	7	_____		
2	_____	7	_____	8	_____		
3	_____	8	_____	9	_____		
4	_____	9	_____	10	_____		
5	_____	10	_____				
6	_____						
7	_____						
8	_____						
9	_____						
10	_____						
11	_____						
		<b>6</b>	<b>Health Equity, Culture and Community</b>	<b>8</b>	<b>Language Services</b>		
		1	_____	1	_____		
		2	_____	2	_____		
		3	_____	3	_____		
		4	_____	4	_____		
				5	_____		