

**Name (Please Print):** \_\_\_\_\_

**Volunteer Site:**  
Dearborn \_\_\_ Edgewood \_\_\_ Hospice \_\_\_ 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:**

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**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, 2026**

**FOR INTERNAL USE ONLY**

**NAME OF VOLUNTEER SERVICES REVIEWER** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE OF REVIEW** \_\_\_\_\_

**COMMENTS/FOLLOW-UP:**