

JEFFERSON HEALTH

VOLUNTEER ORIENTATION

CHECKLIST/CONFIRMATION OF ATTENDANCE

Name of Volunteer: _____

Date of Birth: _____

I have completed the online Volunteer Orientation Module on this date. All of the subjects listed below were covered and I understand the information as it has been shared. I know if I have any questions, I can ask the Volunteer Manager or my department supervisor.

About Jefferson Health New Jersey

Patient Rights

Volunteer Responsibilities

Infection Control

Sign In Procedure

Fire Safety

Dress Code

Security Issues

Confidentiality/HIPPA

No Smoking Policy

Injury/Illness while Volunteering

Hospitality/Behavior Guidelines

Cultural Diversity

Human Trafficking Module

Volunteer Signature

Date