

## **Departmental Volunteer Orientation Checklist**

\*\*Supervisor required to complete all departmental orientation for volunteer and return completed/signed checklist to the Human Resources Department/Volunteer Services \*\*

| Discussion/Review Topic   |  | Supervisor<br>Initials | Volunteer<br>Initials | Date<br>Reviewed |
|---|--|------------------------|-----------------------|------------------|
| Departmental Organization Plan & Objectives                       |  |                        |                       |                  |
| Department Functions & Relation to other Areas/Departments        |  |                        |                       |                  |
| Department Safety/Fire Disaster Plan:                             |  |                        |                       |                  |
| 1.  | Department's Role                                      |                        |                       |                  |
| 2.  | Volunteer's Role                                       |                        |                       |                  |
| 3.  | Location/Use of Fire Extinguisher                      |                        |                       |                  |
| 4.  | Location/Use of Fire Alarms/Boxes                      |                        |                       |                  |
| 5.  | Evacuation Routes/Procedures                           |                        |                       |                  |
| Departmental Policy Manual:                                       |  |                        |                       |                  |
| 1.  | Basic Infection Control Polices                        |                        |                       |                  |
| 2.  | Basic Infection Control Procedures for area/department |                        |                       |                  |
| Additional Policies, Procedures and Information:                  |  |                        |                       |                  |
| 1.  | Volunteer Supervisor                                   |                        |                       |                  |
| 2.  | Reporting Absences                                     |                        |                       |                  |
| 3.  | Reporting Incidents                                    |                        |                       |                  |
| 4.  | Food/Drink/Breaks                                      |                        |                       |                  |
| 5.  | Smoke-free Campus                                      |                        |                       |                  |
| 6.  | Location of Supplies                                   |                        |                       |                  |
| 7.  | HSCEP OP, departmental policies and Reference Manuals  |                        |                       |                  |
|   | location   |                        |                       |                  |
| 8.  | Departmental Leadership & Team Introductions           |                        |                       |                  |
| Volunteer Placement and Specific Duties                           |  |                        |                       |                  |
| IF APPLICABLE: Safety Training for Hazardous Materials, Equipment |  |                        |                       |                  |
| or Substances – Must Be Recorded with Safety Services and         |  |                        |                       |                  |
| HR/Volunteer Office   |  |                        |                       |                  |
| Tours:  |  |                        |                       |                  |
| 1.  | Department   |                        |                       |                  |
| 2.  | Campus (as applicable)                                 |                        |                       |                  |
| 3.  | Offsite Campus Locations (as applicable)               |                        |                       |                  |
| 4.  | UMC/EPCH (as applicable)                               |                        |                       |                  |
| I was oriented to this department as noted above.                 |  |                        |                       |                  |
|   |  |                        |                       |                  |
|   |  |                        |                       |                  |
| Volunteer Printed Name Volunteer S                                |  | Signature              |                       | Date             |
|   |  |                        |                       |                  |
| , <del></del>   |  |                        |                       |                  |
| Department  |  |                        |                       |                  |
|   |  |                        |                       |                  |
| Supervisor Printed Name Supervisor                                |  | Signature              |                       | Date             |