VOLUNTEER ORIENTATION CHECKLIST

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Orientation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| CHECKLIST ITEMS | In-person | Virtual | Volunteer Lead Initials | Date  Completed |
| --- | --- | --- | --- | --- |
| References Checked |  |  |  |  |
| Police Records Checked |  |  |  |  |
| Interview Completed |  |  |  |  |
| GENERAL |  |  |  |  |
| Received volunteer name tag and security card |  | N/A |  |  |
| Meet and introduction to team members |  | N/A |  |  |
| Lines of communication and reporting relationship explained |  |  |  |  |
| Introduced to care community’s Vision, Mission, & Values |  |  |  |  |
| PAPERWORK |  |  |  |  |
| Reviewed required policies and signed the Acknowledgement Form |  |  |  |  |
| Reviewed Volunteer Orientation Presentation |  |  |  |  |
| Read, signed, and returned Confidentiality Agreement |  |  |  |  |
| Reviewed and received copy of relevant job description(s) |  |  |  |  |
| TRAINING |  |  |  |  |

I, the volunteer, agree that I have received orientation to the items listed above. I have had an opportunity to ask questions and understand the content.

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Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Coordinator’s Signature Date