

UNIVERSITY MEDICAL CENTER, INC.

University of Louisville Hospital / James Graham Brown Cancer Center

VOLUNTEER ORIENTATION CHECKLIST

Name (Please Print) _____

Signature: _____

Date: _____

- * I have read and understand the assignment descriptions for the volunteer assignments I am interested in, and I agree I am able to and willing to perform all the duties indicated.
- * I have read and understand the Mission, Vision, and Values of University Medical Center.
- * I have read and understand the Patients Rights
- * I have reviewed the information on Diversity. I understand and agree to be respectful of all staff, volunteers, and customers.
- * I have reviewed the information on Customer Service. I understand that great customer service is the number one priority.
- * I have read and understand the Guidelines for Effective Communications for All Age Groups.
- * I have read and understand the General Information and Regulations.
- * I have read, understand and agree to strictly abide by all rules and policies regarding HIPAA and Confidentiality.
- * I have read, understand and agree to strictly abide by all the rules and policies regarding EMTALA.
- * I have read and understand the General Safety Information, including Proper Wheelchair Transport.
- * I have read and understand the proper Infection Control and Risk Management procedures, including hand hygiene, standard precautions, isolation categories, and blood borne pathogens.
- * I have read and understand the Emergency Plans. I know my responsibilities in case of an emergency. I know there is an emergency plan care on the back of my badge for reference.
- * I understand that I will be given an identification badge and that I am to wear it any time I am on duty, and I agree to return the badge to Volunteer Services when my service is complete.
- * I have reviewed the dress code policy and agree I will be in proper attire any time I am on duty.

- * I have completed and returned all appropriate forms and tests as further evidence of my understanding, agreement, and commitment: Confidentiality Agreement; Safety Test; HIPAA Test; Personal Electronics, Computer and Social Networking Acknowledgement; Customer Service Commitment; University Medical Center General Authorization to be Photographed and/or Interviewed; Volunteer Agreement; and Ethics at Work Acknowledgement form.

- * I understand there are additional items I will be required to turn in, including but not limited to medical documentation I shall submit to examinations and annual retesting as necessary, which may include skin tests, chest x-rays, and appropriate laboratory tests and/or immunizations as a condition of my volunteer service.