

**Volunteer Orientation** 

## Volunteer Name: \_\_\_\_\_

## A. General Orientation completed on:\_\_\_\_\_

## **B.** Volunteer Specific Training below.

| Criteria                      | Information       | Volunteer | Instructor | Date |
|-------------------------------|-------------------|-----------|------------|------|
|                               | Source            | Signature | Signature  |      |
| Tour of the Facility          | Activity Director |           |            |      |
| Introduction to               | Activity Director |           |            |      |
| Facility Department           |                   |           |            |      |
| Managers and Staff            |                   |           |            |      |
| Introduction to               | Activity Director |           |            |      |
| Residents and the             |                   |           |            |      |
| President of the              |                   |           |            |      |
| Resident's Council            |                   |           |            |      |
| Activity Supplies             | Activity Director |           |            |      |
| <ul> <li>Inventory</li> </ul> |                   |           |            |      |
| Organization and              |                   |           |            |      |
| Storage                       |                   |           |            |      |
| Review of Volunteer           | Activity Director |           |            |      |
| Policy and                    |                   |           |            |      |
| Procedures                    |                   |           |            |      |
| Confidentiality of            | Activity Director |           |            |      |
| Resident                      |                   |           |            |      |
| Information                   |                   |           |            |      |
|                               |                   |           |            |      |
| Release of                    |                   |           |            |      |
| Information                   |                   |           |            |      |
| Overview of How               | Activity Director |           |            |      |
| activities are                |                   |           |            |      |
| planned and                   |                   |           |            |      |
| scheduled                     |                   |           |            |      |

| Criteria                           | Information       | Volunteer | Instructor | Date |
|------------------------------------|-------------------|-----------|------------|------|
|                                    | Source            | Signature | Signature  |      |
| Safety and                         | Activity Director |           |            |      |
| supervision of                     |                   |           |            |      |
| residents during an                |                   |           |            |      |
| activity                           |                   |           |            |      |
| Resident's Rights                  | Activity Director |           |            |      |
| Individualized                     | Activity Director |           |            |      |
| Activities                         |                   |           |            |      |
| Group Activities                   | Activity Director |           |            |      |
| Intellectual                       | Activity Director |           |            |      |
| Activities                         |                   |           |            |      |
| Exercise Programs                  | Activity Director |           |            |      |
| <ul> <li>Who can</li> </ul>        |                   |           |            |      |
| participate                        |                   |           |            |      |
| Structured Day                     | Activity Director |           |            |      |
| Programs                           |                   |           |            |      |
| Activity Programs                  | Activity Director |           |            |      |
| on Closed Units                    |                   |           |            |      |
| Infection Control in               | Activity Director |           |            |      |
| Activities                         |                   |           |            |      |
| <ul> <li>Food related</li> </ul>   |                   |           |            |      |
| activities                         |                   |           |            |      |
| <ul> <li>Multiple touch</li> </ul> |                   |           |            |      |
| items used in an                   |                   |           |            |      |
| activity and how                   |                   |           |            |      |
| to sanitize                        |                   |           |            |      |
| <ul> <li>Cleaning and</li> </ul>   |                   |           |            |      |
| sanitizing                         |                   |           |            |      |
| supplies, tables,                  |                   |           |            |      |
| and the                            |                   |           |            |      |
| environment                        |                   |           |            |      |
| after an activity                  |                   |           |            |      |
| How to report a                    | Activity Director |           |            |      |
| resident behavior                  |                   |           |            |      |
| and who to report to               |                   |           |            |      |
| How to report a                    | Activity Director |           |            |      |
| grievance and who                  |                   |           |            |      |
| to report to                       |                   |           |            |      |

| Criteria   | Information<br>Source            | Volunteer<br>Signature | Instructor<br>Signature | Date |
|--|----------------------------------|------------------------|-------------------------|------|
| <ul> <li>Social Media Posting</li> <li>Documented<br/>resident/sponsor<br/>approvals</li> <li>Honoring a<br/>resident's<br/>privacy</li> </ul>   | Activity Director                |                        |                         |      |
| In-Service Training<br>Fire Safety and<br>Disaster<br>Preparedness   | Activity Director<br>Maintenance |                        |                         |      |
| <ul> <li>COVID Procedures</li> <li>Mask and how to<br/>DON, Mask<br/>Storage</li> <li>Social Distancing</li> <li>Testing<br/>Requirements</li> <li>Handwashing &amp;<br/>Handwashing<br/>Check off</li> <li>Use of ABHR</li> </ul> | IPN                              |                        |                         |      |
| Volunteer<br>Assignments<br>What a Volunteer<br>can and can't do   | Activity Director                |                        |                         |      |
| Facility Smoking<br>Policy for Staff and<br>for Residents  | Activity Director                |                        |                         |      |
| Other:   | Activity Director                |                        |                         |      |