

Assignment Specific Training Checklist

Service Title: Emergency Department Volunteer

Volunteer Name and ID Number:

Unit/Department: Emergency Department

Name of Trainer:

Phone:

Write N/A if Essential Function or Other Task does not apply to your department.

Date of Training	Trainer's Initials	Essential Functions
		a. Greet patients and their guests and direct them to appropriate areas (triage, admitting clerk, exam rooms, etc.).
		b. Ask patients and guests how you may assist them.
		c. If a patient in the waiting room appears to be having a problem (difficulty breathing, vomiting, etc.), notify the triage nurse immediately.
Date of Training	Trainer's Initials	Other Tasks
		a. Select reading materials from the Volunteer Services book room for placement in the Emergency Department waiting room and exam rooms.
		b. Offer warm blankets to patients as needed; check with nurse prior to giving patient a blanket if they are running fever.
		c. Round every 30 minutes in assigned area.
		d. Sit and talk with elderly patients as needed.
		e. Give directions to other areas of the hospital when asked and offer to accompany guests to that area; (occasionally escorts patients in wheelchairs).
		f. Restock pillows, linens and blanket warmer.
		g. Keep coffee area stocked and clean, make fresh coffee when needed.
		h. Organize and clean waiting room as needed.

		i. If there is a death, or the family is in need of a quiet place, place the guests in a separate room.
		j. Report issues or concerns according to policies and procedures.
Date of Training	Trainer's Initials	Skills Competency Assessments
		a. Customer Service
		b. Patient Interaction
		c. Fall Prevention
		d. National Patient Safety Goals
		e. Navigation
		f. Wheelchair Safety
Date of Training	Trainer's Initials	Volunteer Office
		a. Signing in and out of VSys One
		b. Parking
For Office Use		Attended mandatory volunteer orientation: HIPAA, Infection Control, Risk Management, Emergency Codes, Fire Safety, Code of Conduct and other applicable policies understood.

Volunteer Signature

Trainer Signature

Date

Assignment Specific Training Checklist

Service Title: Administrative Volunteer

Volunteer Name and ID Number:

Unit/Department:

Name of Trainer:

Phone:

Write N/A if Essential Function or Other Task does not apply to your department.

Date of Training	Trainer's Initials	Essential Functions
		d. Data entry
		e. Filing
		f. Xeroxing
		g. Restocking supplies
		h. Answering the phone
Date of Training	Trainer's Initials	Other Tasks
		a. Assisting with special events or projects
		b. Running errands for the department
		c. Reports issues or concerns according to policies and procedures
Date of Training	Trainer's Initials	Skills Competency Assessments
		g. Customer Service
		h. 18 Rules of Filing
Date of Training	Trainer's Initials	Volunteer Office
		c. Signing in and out of VSys One
		d. Parking

For Office Use	Attended mandatory volunteer orientation: HIPAA, Infection Control, Risk Management, Emergency Codes, Fire Safety, Code of Conduct and other applicable policies understood.
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Volunteer Signature

Trainer Signature

Date

Assignment Specific Training Checklist

Service Title: Caring Companions Volunteer

Volunteer Name and ID Number:

Unit/Department: Volunteer Services

Name of Trainer: Anne McMillan

Phone: 713-441-8993

Write N/A if Essential Function or Other Task does not apply to your department.

Date of Training	Trainer's Initials	Essential Functions
		i. Greets and approaches patients, and offers a listening ear
		j. Visits with patients identified by Patient Ambassador Volunteers
		k. Engages patients in art, journaling and other activities to enhance the patient's stay.
		l. Reports outcome and number of visits to Volunteer Services
Date of Training	Trainer's Initials	Other Tasks
		d. Distributes informational brochures
		e. Delivers E-greetings and cards
		f. Follows up with patients to ensure that all needs/requests have been addressed
		g. Provides feedback to unit or Volunteer Services regarding patient requests, concerns and compliments
		h. Performs follow-up visit if requested
		i. Attends continuing education meetings that enrich and broaden the experience
		j. Reports issues or concerns according to policies and procedures
Date of Training	Trainer's Initials	Skills Competency Assessments
		i. Customer Service

		j. Patient Interaction
		k. Fall Prevention
Date of Training	Trainer's Initials	Volunteer Office
		e. Signing in and out of VSys One
		f. Parking
For Office Use		Attended mandatory volunteer orientation: HIPAA, Infection Control, Risk Management, Emergency Codes, Fire Safety, Code of Conduct and other applicable policies understood.

Volunteer Signature

Trainer Signature

Date

Assignment Specific Training Checklist

Service Title: Patient Services Volunteer

Volunteer Name and ID Number:

Unit/Department:

Name of Trainer:

Phone:

Write N/A if Essential Function or Other Task does not apply to your department.

Date of Training	Trainer's Initials	Essential Functions
		m. Get a list of patients who can be visited
		n. Check environment of care (call light and TV controls accessible, curtains, filling water pitchers, fluffing pillows, blankets, etc.)
		o. Assist staff with answering call lights, restocking supply carts or linen closet, making patient beds, answering the phone, filing etc.
Date of Training	Trainer's Initials	Other Tasks
		k. Make packets for rounding, if needed
		l. Check to see if each patient has a door tag
		m. Check patient's arm band for legibility
		n. Complete "Attention Caregivers" sheet and hang on wall in a plastic cover
		o. Report patient requests to Volunteer Services
		p. Escorting patients in a wheelchair
		q. Reporting issues or concerns according to policies and procedures
Date of Training	Trainer's Initials	Skills Competency Assessments
		l. Wheelchair Safety
		m. National Patient Safety Goals

		n. Fall Prevention
		o. Patient Interaction
		p. Customer Service
		q. 18 Filing Rules
Date of Training	Trainer's Initials	Volunteer Office
		g. Signing in and out of VSys One
		h. Parking
For Office Use		Attended mandatory volunteer orientation: HIPAA, Infection Control, Risk Management, Emergency Codes, Fire Safety, Code of Conduct and other applicable policies understood.

Volunteer Signature

Trainer Signature

Date

Assignment Specific Training Checklist

Service Title: Human Resources Volunteer

Volunteer Name and ID Number:

Unit/Department: Human Resources

Name of Trainer:

Phone:

Write N/A if Essential Function or Other Task does not apply to your department.

Date of Training	Trainer's Initials	Essential Functions
		p. Data entry
		q. Xeroxing
		r. Restocking supplies
		s. Typing labels, Word documents and flip charted materials
Date of Training	Trainer's Initials	Other Tasks
		r. Binding booklets
		s. Collating and assembling workbooks
		t. Media inventory
		u. Laminating documents
		v. Faxing documents
		w. Creating Excel spreadsheets
		x. Burning CDs
		y. Assisting with special events or projects
		z. Running errands for the department
		aa. Reports issues or concerns according to policies and procedures
Date of Training	Trainer's Initials	Skills Competency Assessments

		r. Customer Service
Date of Training	Trainer's Initials	Volunteer Office
		i. Signing in and out of VSys One
		j. Parking
For Office Use		Attended mandatory volunteer orientation: HIPAA, Infection Control, Risk Management, Emergency Codes, Fire Safety, Code of Conduct and other applicable policies understood.

Volunteer Signature

Trainer Signature

Date

Assignment Specific Training Checklist

Service Title: Waiting Room Volunteer

Volunteer Name and ID Number:

Unit/Department:

Name of Trainer:

Phone:

Write N/A if Essential Function or Other Task does not apply to your department.

Date of Training	Trainer's Initials	Essential Functions
		t. Recognizes and greets family members and visitors in the waiting area
		u. Assists family, physicians, and nursing staff with providing feedback on identified patient needs/problems
		v. Facilitates family and visitor visitations during volunteer shift
Date of Training	Trainer's Initials	Other Tasks
		a. Serves as a resource person for patients' families and visitors
		b. Informs, directs and assists patients and visitors within The Methodist Hospital
		c. Answers waiting room telephone and assists the caller in an appropriate manner
		d. Obtains emergency telephone numbers and the name of family spokesperson if necessary
		e. When permitted, obtains a non-clinical report on patient condition and accurately communicates to family and visitors
		f. Anticipates the need for and provides privacy for physicians and families whenever possible.
		g. Calls the chaplain when requested by patients' family and visitors
		h. Monitors coffee pots and refills when necessary
		i. Keeps waiting room clean and orderly

		j. Reports issues or concerns according to policies and procedures
Date of Training	Trainer's Initials	Skills Competency Assessments
		s. Customer Service
		t. Navigation
Date of Training	Trainer's Initials	Volunteer Office
		k. Signing in and out of VSys One
		l. Parking
For Office Use		Attended mandatory volunteer orientation: HIPAA, Infection Control, Risk Management, Emergency Codes, Fire Safety, Code of Conduct and other applicable policies understood.

Volunteer Signature

Trainer Signature

Date

