Onboarding Checklist

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Read and initial each line:

\_\_\_\_\_ I have completed a volunteer application either by mail or online

\_\_\_\_\_ I have read and understand the Mission Vision and Values of WMHS

\_\_\_\_\_ I have read and understand the proper Infection Control and Risk Management procedures, including hand hygiene, standard precautions, and isolation.

\_\_\_\_\_ I have completed orientation – Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I know my sign in number and will report my hours for every shift that I volunteer.

\_\_\_\_\_ I have reviewed the dress code policy and understand that I am to be in proper uniform any time I am on duty.

\_\_\_\_\_ I understand HIPAA and Patient Confidentiality and have signed a confidentiality agreement.

\_\_\_\_\_ I understand that I will be given an identification badge that I am to wear any time I am on duty – on my upper torso.

\_\_\_\_\_ I have read and understand the Emergency Plans. I know my responsibilities in the event of an emergency and know there is an emergency plan card on the back of my badge for reference.

\_\_\_\_\_ I have been cleared by Employee Health (to be initialed by Employee Health) Date \_\_\_\_\_

\_\_\_\_\_ I have cleared a background check (to be initialed by Volunteer Services) Date \_\_\_\_\_\_\_\_

\_\_\_\_\_ I have had my photo taken for an ID badge Date \_\_\_\_\_\_\_\_