

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

Date(s) of Training/Evaluation: \_\_\_\_\_

**Department Supervisor/Manager:** Annual position competency and performance evaluation is required for all volunteers. Please review and complete this document to indicate that the volunteer is competent in all assignment related functions listed below. Staff RNs may complete this form for volunteers who serve on nursing units. You may use the back of this form to write additional comments.

## Method of Competency Assessment and Review Key:

DO = Direct Observation    V = Verbalization    PT = Post test    SLP = Self-Learning Package  
VT = Video and Test    RD = Return Demonstration    IS = In-service    CBT = Computer Based Training

**General Performance Responsibilities for All Volunteers (assessed by Volunteer Services)**

Function/Task	Training/Assessment Method	Met	Not Met
Signs in and out at Volunteer Services	DO	X	
Adheres to PHCS Volunteer uniforms policy	SLP/PT	X	
Practices infection control while providing service	SLP/PT	X	
Understands confidentiality of all patient information	SLP/PT	X	
Understands role during emergencies/codes	SLP/PT	X	

**Major Behavioral Responsibilities for ALL Volunteers (assessed by Volunteer Services)**

Behavior	Training/Assessment Method	Met	Not Met
Understands employee/volunteer relationships	SLP/PT	X	
Understands and practices Culture of Excellence Always	SLP	X	
Understands patient rights and PHCS values	SLP/PT	X	
Understands limitations of volunteer role (includes but not limited to: not feeding pts., not performing professional tasks, not lifting/transferring pts.)	SLP/PT	X	

**Assignment Specific Responsibilities for This Position (assessed by department supervisor)**

Function/Task	Training/Assessment Method	Met	Not Met
Greets staff and visitors who enter administration suite			
Notifies staff for inquires about info./meetings/etc.			
Answers phone and directs callers to appropriate parties			
Distributes mail to offices/areas within administration suite			
Assists with completing projects for other departments			
Assists with clerical/administrative duties as necessary			

Comments: \_\_\_\_\_

I acknowledge that I have been trained on or received assessment of the responsibilities listed above. I agree that I will seek clarification on any matters which I do not fully understand during the course of my service. I will continue to maintain confidentiality of all patient information that I may come in contact with regardless of the source.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_