

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

Date(s) of 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 patients and visitors in a positive way			
Is aware of how to use panic button during emergency			
Answer phones and provide information within scope			
Understands how to handle direct admit patients			
Is able to lookup patient room and phone ext. information			
Understands patient expiration policy and notification			
Contacts patient advocate and/or nursing supervisor for concerns			
Directs or escorts patients or visitors to various areas			
Escorts visitors and/or patients via wheelchair			
Provides visitors directions to areas of need and interest within the community (hotels, restaurants, etc.)			
Processes floral deliveries and arranges for delivery to pt./staff			

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

Annual Volunteer Performance Evaluation / Position Competency

Ambassador  
Guest Relations

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: \_\_\_\_\_