

Annual Volunteer Performance Evaluation / Position Competency

Clerical Assistant
Human Resources Department

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 employees and visitors who come to HR			
Understands confidentiality of all employee information			
Answers telephone and provides information within scope			
Files reports and records			
Assists with clerical/administrative duties as assigned			
Performs data entry, typing and other computer as assigned			
Assists in special projects as assigned			

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: _____