

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
Checks in order from wholesaler, stickers items and places in appropriate area			
Assists with stocking medication with supervision			
Delivers medications when requested			
Assists with various projects and clerical duties when requested			

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: _____