1020 RBA Volunteer Orientation Checklist   Location_____

Volunteer
Applicant Print Last Name _____   Print First Name _____

☐ Physician   ☐ PA   ☐ Pharmacist   ☐ Pharm. Tech.   ☐ RN   ☐ NP

☐ Interpreter   ☐ Registration   ☐ Scribe   ☐ Telehealth Only   ☐ Other _____

Trainer Initials	The following has been explained to the Volunteer. By initialing in the appropriate boxes, it is indicated the Volunteer has received, understood, & accomplished the list. Volunteers that are **Telehealth ONLY**, and are not on-site at the clinic, items 4 - 10 may be signed **"N/A"**. Items 1 - 3 ARE required by all. If Telehealth volunteer later chooses to volunteer **IN-CLINC, a new orientation list must be completed & signed, covering ALL items before volunteering on site**.	Volunteer Initials
	1. General Description of RotaCare and its Mission	
	2. Policies and Procedures - How to access	
	3. Job Description and/or Protocols as appropriate	
	4. Infection Control Program (Includes PPE protocol awareness)	
	5. Fire Drill / Evacuation Routes	
	6. Disaster and Safety Program	
	7. Protocols in the event that ICE shows up to clinic (Immigration & Customs Enforcement)	
	8. Emergency Protocols	
	9. Patient flow through Clinic	
	10. Tour of facility	

This Volunteer has completed the relevant items above and is ready to Volunteer/Work for RBA

_____
In-Clinic Volunteer Signature   Date

_____
Telehealth ONLY Volunteer   Signature   Date

_____
 Instructor /Trainer   Date

_____
Site Administrator   Date