
PRINT Volunteer Name

Volunteer #

1. Which ONE of the following is NOT a BayCare value? (p. 5)

Directions: Circle ONE answer.

- A. Trust
- B. Respect
- C. Service
- D. Dignity
- E. Responsibility
- F. Excellence

2. What is the ANONYMOUS reporting line phone number? (p.6)

Directions: Fill in the blank with the telephone number

()

3. When someone appears lost or requests directions, what should you do? (p.6)

Directions: Write your answer in the line provided below.

4. Patients rights and responsibilities are available in the _____ department and on all hospital floors? (p. 8)

Directions: Fill in the blank with the correct name of the department

5. Volunteers must follow proper dress code, wear their _____ and _____ at all times. (p. 9)

Directions: Fill in the blanks with the correct answers.

6. List one of the psychosocial behaviors we should practice with patients and visitors: (p. 10)

Directions: Fill in the blank with a psychosocial behavior

7. The Health Insurance Portability and Accountability Act (known as HIPAA) is a law that sets rules to protect *patient information*, or *protected health information*. (p. 11)

Directions: Read the statement and determine if it is true or false. Circle your answer.

- A. True
- B. False

8. You MUST get the patient’s signed authorization/permission before sharing their protected health information for purposes other than treatment, payment and operations. (p. 11)

Directions: Read the statement and determine if it is true or false. Circle your answer.

- A. True
- B. False

9. When disposing of patient information, we should shred it or deposit it in a locked bin instead of just throwing it away in an open trash container. (p. 12)

Directions: Read the statement and determine if it is true or false. Circle your answer.

- A. True
- B. False

10. In the event of a volunteer injury or accident, an event report form must be completed BEFORE leaving the premises? (p. 13)

Directions: Read the statement and determine if it is true or false. Circle your answer.

- A. True
- B. False

11. It is a volunteer’s responsibility to report accidents and/or injuries (p. 13)

Directions: Read the statement and determine if it is true or false. Circle your answer.

- A. True
- B. False

12. List the “Five Suddens”~ Stroke Awareness: (p. 13)

Directions: Write your answers on each of the five lines provided below.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

13. It is my responsibility as a volunteer team member to take note of fire exits and fire extinguishers in my work area. (p. 14)

Directions: Read the statement and determine if it is true or false. Circle your answer.

- A. True
- B. False

14. Match the emergency code with the correct emergency. (pp. 14)

Directions: Draw a line from the code to correct emergency designation.

- | | |
|-------------|------------------------|
| Code RED = | Fire |
| Code BLUE = | Infant Abduction |
| Code PINK = | Cardiopulmonary Arrest |

15. Volunteers do not lift/move patients or heavy objects as part of their volunteer service. (p. 16)
Directions: Read the statement, and determine if it is true or false. Circle your answer.
A. True
B. False
16. It is okay to leave a patient alone in an elevator so that you can go for help. (p.16)
Directions: Read the statement and determine if it is true or false. Circle your answer.
A. True
B. False
17. The #1 safety measure when using a wheelchair is to make certain the brakes are applied before a patient gets into or out of a chair. (p. 17)
Directions: Read the statement, and determine if it is true or false. Circle your answer.
A. True
B. False
18. Identify the following colored armbands/bracelets: (p. 18)
Directions: Fill in the blank with the correct identifier
GREEN bracelet = _____
PURPLE bracelet = _____
19. You should always verify that you have the correct patient by checking their ID bracelet and confirming their name and date of birth. (p. 18)
Directions: Read the statement and determine if it is true or false. Circle your answer.
A. True
B. False
20. What is the best way to protect yourself from infection? (p. 19)
Directions: Write your answer in the line provided below.

21. Which ONE of the following is NOT a part of our proper procedure for effective hand washing? (p. 19)
Directions: Circle ONE answer
A. Wet your hands
B. Apply liquid soap
C. Work up lather
D. Wash between fingers
E. Wash for about 10- 15 seconds
F. Rinse with water running from wrist to fingertips
G. Dry hands with paper towel
H. Use HOT water to wash hands
I. Use paper towel to turn off faucet

22. Personal Protective Equipment (PPE) boxes include: (p. 20)

Directions: Circle ONE answer.

- A. Gloves
- B. Masks
- C. Gowns
- D. Eye shields
- E. All of the above

23. Red bags contain bio-medical waste. Volunteers DO NOT handle red bags. (p. 20)

Directions: Read the statement and determine if it is true or false. Circle your answer.

- A. True
- B. False

24. If a nurse asks you to enter an isolation room, and you are NOT one of the exceptions listed, it is OK to do so. (p.21)

Directions: Read the statement and determine if it is true or false. Circle your answer.

- A. True
- B. False

25. Artificial nails have been found to contribute to the spread of infection. (p. 21)

Directions: Read the statement and determine if it is true or false. Circle your answer.

- A. True
- B. False

26. If you have a quality of care or safety concern, who can you report that to? (p. 21)

Directions: Write your answer in the line provided below.

In completing this quiz, I have reviewed the material necessary for general orientation and/or annual education as needed to be an active volunteer.

Volunteer Signature

Date

/ /

Please return completed quiz to your volunteer office.

BayCare Health System

2009 Volunteer Evaluation

To be completed as part of Annual Volunteer Education
 Not required as part of new volunteer orientation

Volunteer Name _____ **Service Area(s)** _____

Question	YES	NO	Comments
Were you trained by a ___ Volunteer ___ Team Member (Staff)			Was your training adequate for the service you perform? How might we improve the training process? What additional training needs do you have?
How long have you worked in your current assignment? _____			What is most satisfying about your volunteer work? What is least satisfying?
Do you feel your skills are fully utilized?			Please comment:
Would you like to be trained in additional service areas?			If yes, what additional areas interest you?
Are the employees in your service area responsive to your needs and concerns?			Please comment on how well staff keeps you informed about changes in your area.
Do you receive clear feedback about your performance?			Please comment:
Do you feel you are performing a "worthwhile" service?			Please comment:
Is the Volunteer Resources staff responsive to your needs?			Share with us any improvements you feel we can make.
Do you feel Administration supports and appreciates volunteers?			Please comment:
Would you recommend our volunteer program to others?			Please comment:

