

## CAREER LADDER/VOLUNTEER ORIENTATION CHECKLIST

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

The following items are to be discussed with the volunteer. Please check off each item discussed with the volunteer.

- Application filled out and signed
- Signed Confidentiality Statement
- Emergency Contacts
- TB Screen
- Criminal Registration
- Volunteer Reflection/Evaluation
- Volunteer Opportunities
- Boomers & Babies Volunteer
- Pro-social Guidance and Classroom Management
- Professional Appearance Policy
- Tobacco Environmental Policy
- Alcohol and Drug Policy
- Safety Policy
- Child Abuse & Neglect Training
- Viewing of videos:
  - Hazard Communication
  - Blood borne Pathogens

Substitute/Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Team Leader \_\_\_\_\_ Date \_\_\_\_\_