



NON EMPLOYEE VOLUNTEER/AUXILLARY CHECKLIST

Name of Volunteer _____ Type: Adult _____ Teen _____

Items Required	Received Yes	Received No	Renewal/ Expiration Date	Comments
<ul style="list-style-type: none"> Supportive ID Documentation 				<input type="checkbox"/> Passport, <input type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> School ID for Teens under 18 yrs. without a DL
<ul style="list-style-type: none"> <u>Complete BH employee background check inclusive of:</u> 				May not be available for teens under 18 yrs.
<ul style="list-style-type: none"> Verification of Background check with a minimum of ten year criminal history for Hospice and Pediatric Served Areas (Level II) 				May not be available for teens under 18 yrs.
<ul style="list-style-type: none"> Signed Acknowledgement of Position Description 				
<ul style="list-style-type: none"> Initial Shift Assessment of Competency/ Evaluation 				
<ul style="list-style-type: none"> Evidence of Completion : Orientation Materials Checklist: BH General Orientation (includes RM/EM) BH Code of Conduct Preventing & Reporting Workplace Harassment 				Required annually
<ul style="list-style-type: none"> Signed Confidentiality & Data Security Form 				
<ul style="list-style-type: none"> Contracting Company Verification of Drug Testing (in accordance with Drug Free Workplace Standards) 				Not applicable for Teens under 18 yrs.
<ul style="list-style-type: none"> Verification of Initial Health screening (free of any communicable diseases, Rubella, Measles, Mumps and any other vaccinations. (see application) 				
<ul style="list-style-type: none"> Provide proof of completed Mantoux (Also known as Purified Protein Derivative "PPD) test within the past six months and annually thereafter. (See Application) 				
<ul style="list-style-type: none"> Department Specific Competencies list _____ _____ 				
ID Badge				
Other				