



## VOLUNTEER CHECKLIST

- |  |                    |
|--|--------------------|
| I have completed an application form               | Yes _____ No _____ |
| I have participated in an orientation program      | Yes _____ No _____ |
| I know where I am to report to work                | Yes _____ No _____ |
| I know the hours the program is open               | Yes _____ No _____ |
| I have met the program administrators              | Yes _____ No _____ |
| I am familiar with the program locations           | Yes _____ No _____ |
| I know where the sign-in sheet is located          | Yes _____ No _____ |
| I know the fire/tornado drill procedures           | Yes _____ No _____ |
| I know the program safety rules                    | Yes _____ No _____ |
| I know what to do in case of an emergency          | Yes _____ No _____ |
| I know the discipline policy in the program        | Yes _____ No _____ |
| I have been provided with a specific place to work | Yes _____ No _____ |
| I have been shown where materials are located      | Yes _____ No _____ |
| I have lived in Ohio for the last five years       | Yes _____ No _____ |

Volunteer's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# **VOLUNTEER POLICIES AGREEMENT**

**As a Wayne County Board of DD Volunteer, I agree to:**

- Respect and observe the client's rights at all times; I have received a copy of the Client's Rights Statement
- Keep confidential all matters pertaining to clients
- Familiarize myself with the policies of the Wayne County Board of DD
- Attend training and in-service sessions regarding volunteer services in which I have volunteer assignments
- Sign in for each volunteer session
- Notify the program director of any problems, suggestions or concerns related to my volunteering
- Notify the program administrator by telephone when a scheduled visit cannot be kept

**The Wayne County Board of DD agrees to:**

- Provide a volunteer job description that summarizes the duties of the volunteer opportunity and training as necessary
- Provide an orientation program session within the initial 90 days
- Evaluate and discuss with volunteers any concerns or questions
- Provide recognition for services performed
- Provide adequate space, equipment and safe healthful working conditions to volunteers

Volunteer's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_

Date \_\_\_\_\_