1. **Sign In Procedures** – Unless otherwise instructed, use the computer terminal in the office. The hours you login are from the time you start volunteering until the time you leave. You do not count travel time and time spent preparing for your visit, such as shopping, only the time you are actually here volunteering. **Also if you are here for a personal medical appointment, you do not sign in.** Some of the clinics have an alternative way to sign in.

2. **Meal Ticket** – Must volunteer a minimum of 4 hours to be eligible for a meal. It may not be given away and is only good for the day of volunteering. *Not provided at all locations.*

3. **I.D. Badge** – Please wear your nametag at all times when volunteering. The badge identifies who you are and your role at the facility. ID must be current. If you need a new one check at Voluntary Service at the medical center or the Administrative Officer at the clinic.

4. **Parking** – Do not park in any reserved parking/handicapped parking unless you have the appropriate decal(s). More specific instructions are available at the facility where you work.

5. **Proper Attire** – Please dress appropriately, no tank tops, open toed shoes or shorts (unless you are a VTN Driver) are authorized.

6. **Smoking Policy** – No smoking or electronic cigarettes within the facilities or on government vehicles. Smoking is permitted only in designated outdoor smoking areas.

7. **Inactivation** – If no volunteer hours are recorded for 12 consecutive months, you will automatically be inactivated in the Voluntary Service System as a volunteer. If you request to come back you will need to reapply.

8. **Volunteer/Patient Relations/Sexual Harassment** – Please be professional at all times when volunteering. Sexual harassment will not be tolerated from any volunteer, nor will it be tolerated by a patient/staff to a volunteer. In its simplest terms, sexual harassment is defined as any act, gesture, comment, etc. that is deemed offensive by the recipient or third party. For additional information on this topic, you can obtain a copy of the “Code of Conduct” policy from Voluntary Services.

9. **Privacy/Confidentiality** – As a volunteer, you are considered as an employee of the VA, but on a “Without Compensation Basis”. Therefore, you are subject to the same policies as I am, and specifically, that of Patient Privacy and Confidentiality. [Please click here for training on this subject.](#)

10. **Chain of Command** – No matter where you volunteer, there is a distinctive chain of command/line of supervision. You should have a first line supervisor at your workstation.
11. **Reporting Absence** – Please call your supervisor if you are going to be absent.

12. **Infection Control/Fire Safety/Disaster** – The best way to avoid spreading germs after making contact with another is to wash your hands well with soap and water. Observe patient room signs for various precautions. If the patient is in an isolation room, do not enter. Also, when serving coffee, donuts, or refreshments, please wear latex gloves that are available in the kitchen.

   Practice the following in case of a fire: RACE
   - **Rescue** – all individuals in the immediate area should be evacuated
   - **Alarm** – pull the alarm box nearest to you
   - **Contain** – contain the fire, close all doors and openings
   - **Evacuate** – leave the premises and wait for the fire department

13. **Cash Transactions** – Volunteers are not authorized to handle the money of patients. Loaning or borrowing money from a patient is strictly prohibited. All donations should be directed to the Voluntary Service Office. Volunteers do not accept tips.

14. **Reporting Incidents** – In the event you are injured while performing your volunteer duties, please report your injury to the staff that is responsible for your supervision. All volunteers who are injured in the course of their assigned duties are authorized medical services.

15. **Mission/Vision** – Mission: To improve the health of our veteran population by providing the highest quality primary, specialty, and extended care in an integrated health care delivery system, enhanced by research and sustained through education. Vision: To provide health care excellence that makes a difference in the lives of veterans and their families.

16. **Cyber Security** – If you use a computer as part of your volunteer position you are required to complete cyber-security training, privacy, and HIPPA via TMS annually. You must complete this training in order to maintain access. It is very important you practice secure measures when using government computers.

17. **Suicide Prevention Training** – If you encounter a Veteran that appears to be an immediate risk to harm him/herself or others, escort the Veteran to the Emergency Department. If the Veteran appears violent or incoherent, contact the VA Police Department. If the Veteran is not an immediate risk for harm to him/herself or others, you may ask if they have a Primary Care Provider, and escort them to their Primary Care Provider’s office. If they do not have a Primary Care Provider, you may give them the Veterans Crisis Line: 1-800-273-8255 Press 1.
North Florida/South Georgia Veterans Health System
VOLUNTEER ANNUAL TRAINING

I have received the information given to me (list below) and fully understand and agree to abide by the policies and procedures as outlined.

1. [ ] SIGN-IN PROCEDURE
2. [ ] MEAL TICKET USAGE
3. [ ] WEARING OF ID BADGE
4. [ ] PARKING AND DECALS
5. [ ] PROPER ATTIRE
6. [ ] SMOKING POLICY
7. [ ] INACTIVATION AFTER 12-MONTH ABSENCE
8. [ ] VOLUNTEER/PATIENT RELATIONS
   SEXUAL HARASSMENT
9. [ ] PRIVACY/CONFIDENTIALITY
10. [ ] CHAIN OF COMMAND
11. [ ] NECESSITY TO REPORT MY ABSENCE
12. [ ] INFECTION CONTROL/FIRE SAFETY/
    DISASTER INSTRUCTIONS
13. [ ] CASH TRANSACTIONS
14. [ ] REPORTING INJURY
15. [ ] MISSION/VISION
16. [ ] CYBER SECURITY
17. [ ] SUICIDE PREVENTION

The above information was reviewed by me.

________________________________  __________________________  _____/_____/_____
Signature                           Print Name                     Date

I am not an active volunteer at this time.

If you have changed your address, please indicate by writing it on this form, or calling our office.
Click here to complete the Privacy Training