VOLUNTEER ORIENTATION CHECKLIST

Volunteer Name: _____ **Orientation Date:** _____

Volunteer position: _____ **Oriented by:** _____

Prior to volunteer arrival:

☐ Send out a welcome email to the volunteer.
☐ Send out an email to all employees informing them about the orientation and new volunteer.
☐ Prepare volunteer welcome package (copy of volunteer position description, Polices & Procedure cheat sheet, map of the facility, emergency contact numbers, parking map, VL forms to be completed.)

Initials: _____ / _____
Volunteer Staff

Upon volunteer arrival:

☐ Receive and welcome the volunteer.
☐ Discuss the orientation process.
☐Administer the FCSS post-survey. Save in month-end report.
☐ Introduce volunteer to the staff with the building tour (phones, parking, restrooms, breaks, fire exists, escape plans, first aid kits check in/out procedures, muster station & fire marshal).

Initials: _____ / _____
Volunteer Staff

Sign on documents: Please ensure that all the necessary forms are fully completed by the volunteer. Distribute and guide the volunteer through filling out necessary forms.

☐ Volunteer Enrollment Form (includes Code of Conduct & Release Form for Media Recording).
☐ FOIP Certification (online quiz; Once passed, volunteer receives a copy).
☐ Copy of valid Government Identification.
☐ Personal preference form
☐ Copy of "A Guide to Answering Phones at Volunteer Lethbridge".
☐ Quick Reference list for important policies & procedures.
☐ Skills assessment form.
☐ Window of Work form.
☐Volunteer Spotlight questions.
☐ Self-Disclosure form / Copy of Criminal Record Check and Child & Youth Intervention Check.

Initials: _____ / _____
Volunteer Staff

After Orientation: Compile all the sign on documents together.

☐ Input Volunteer information into Volunteer Reporter and Sales Force.
☐ Store the Volunteer Orientation Check List from with the sign on documents into Event & Resource Development Office cabinet.

Initials: _____
Staff

Ongoing

☐ Continual Volunteer Valuations, store completed valuations with volunteer file.
☐ Complete the FCSS Survey. Save in month end report.
☐ Request a testimonial.

Initials: _____
Staff

Staff employee signature: _____ **Date:** _____

Volunteer signature: _____ **Date:** _____

volunteer lethbridge