

Pre-Assigned Checklist

Please use this checklist to help you verify (and print-out) all the necessary forms. Attach to your volunteer packet.

Paperwork

- Coversheet and Acknowledgement Form
- Online Application
- Volunteer Agreement
- Elder Abuse Form Domestic Abuse Form Child Abuse Form
- HIPAA Privacy and Information Security Training Certificate Number _____
- CI-CARE Annual Online Training Certificate Number _____
- Safe Patient Handling Training Certificate Number _____
- Volunteer Services Training Certificate Number _____
- Radiation Safety Training Certificate Number _____
- Signed Letter of Invitation from Department (if not submitted already)
- Tdap (vaccine consent OR declination form)
- Medical Clearance form (ONLY For student who are under 18 years old)

Immunizations Write the date next to the box(es) you check off (*Please bring proof of ALL immunizations*)

TB – Tuberculosis test (please write the date next to the one you checked off)

- T-Spot blood test or Quanti-FERON-TB Gold Date Read: _____ OR
- Chest X-ray Date Read: _____ + PROOF OF POSITIVE TB TEST Date Read: _____

Measles, Mumps, & Rubella

- MMR #1 Date Given: _____ + MMR#2 Date Given: _____ OR
- MMR Titer Date Read: _____

Varicella

- Varicella #1 Date Given: _____ + Varicella #2 Date Given: _____ OR
- Varicella Titer Date Read: _____

Influenza (Flu) Vaccine – If on-boarding between October 1-March 31

- Influenza Vaccine Given: _____

Review by Volunteer Coordinator: _____