

# Volunteer Handbook Online

## Orientation Quiz

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VOLUNTEER NAME (please print): \_\_\_\_\_

DATE: \_\_\_\_\_

1. Regularly Scheduled (RS) Volunteers are those volunteers who normally participate in VA Voluntary Service on a regularly scheduled assignment, under VA supervision, at least once a week or once a month.

RS volunteers are considered by the VA to be “without compensation” employees.

TRUE

FALSE

2. I CARE is an acronym for the VA Core Values. The Core Values are the basic elements of how we go about our work – they define “who we are” – and form the underlying principles we will use every day in our service to Veterans. The Core Characteristics define “what we stand for” and what we strive to be as an organization.”

**I CARE stands for**

I \_\_\_\_\_

C \_\_\_\_\_

A \_\_\_\_\_

R \_\_\_\_\_

E \_\_\_\_\_

3. Volunteers must maintain appropriate relationship boundaries with employees, other volunteers, patients, former patients and/or patient’s families. This means volunteers must not establish personal friendships or intimate relationships with employees, patients, former patients, or family members of patients.

TRUE

FALSE

4. A volunteer badge only has to be worn when entering or exiting the VA facility.

TRUE

FALSE

5. Miniskirts, open toed shoes, and see-through clothing are all considered to be appropriate attire when volunteering at the VA.

TRUE

FALSE

6. The Health Care System Director has authorized a \$6.00 stipend to the VA Canteen to help defray the cost of noon meals for regular scheduled volunteers whose assignments extend over the noon lunch period.

**Volunteers must work \_\_\_\_\_ or more hours to qualify for this stipend.**

- a. 2 hours**
- b. 4 hours**
- c. 6 hours**

7. Hand washing or hand hygiene is the single most effective way and the most important thing you can do to help prevent the spread of infection.

TRUE

FALSE

8. Patient abuse, defined as any act against patients which involves physical, psychological, sexual, or verbal abuse, will not be tolerated. The penalty for patient abuse is removal. Health Care System employees, volunteers, students in training, and without compensation appointees who witness or receive reports of abusive behavior toward a patient must report the incident immediately to their supervisor.

TRUE

FALSE

9. S.A.V.E training will help you act with care and compassion if you encounter a Veteran who is suicidal. The acronym S.A.V.E summarizes the steps needed to take an active and valuable role in suicide prevention. Please fill in the blanks:

**S** \_\_\_\_\_

**A** \_\_\_\_\_

**V** \_\_\_\_\_

**E** \_\_\_\_\_

10. To call an emergency code, dial \_\_\_ \_\_\_ \_\_\_ \_\_\_ from any VA line and report the emergency.

11. There are two acronyms associated when a fire alarm has been announced, please fill in the blanks:

**Fire Emergency Response – RACE**

**R** \_\_\_\_\_

**A** \_\_\_\_\_

**C** \_\_\_\_\_

**E** \_\_\_\_\_

**Extinguishing a fire using a fire extinguisher:**

**P** \_\_\_\_\_

**A** \_\_\_\_\_

**S** \_\_\_\_\_

**S** \_\_\_\_\_

12. Before a patient enters a wheelchair, LOCK THE WHEELS and put the footrests up.

TRUE

FALSE

13. All Veterans are male and it should be assumed that any female presenting to the VA is only accompanying a male Veteran.

TRUE

FALSE

**Confidentiality/Ethics Agreement:**

I certify that I have reviewed a copy of the Volunteer Handbook. I am aware that the health, welfare and safety of our patients, volunteers and staff is of primary importance and that I will do all I can to learn, comply with and practice, any and all procedures regarding the operation of a safe and efficient work place. As a volunteer at the Fargo Veterans Affairs Health Care System, I agree that:

1. I shall hold as absolutely confidential, all information that I may obtain directly or indirectly concerning patients, doctors, volunteers or VA staff, and not *actively seek to obtain confidential information from patients.*
2. My services are donated to the hospital without the expectation of compensation or future employment, and are given for humanitarian, religious, patriotic, educational or charitable reasons.
3. I shall not seek to sell goods or services, request contributions, or solicit personnel to sign or distribute political petitions on Medical Center premises unless I receive the express authorization of the Chief, Voluntary Service or the Director of the Medical Center.
4. I will prevent and avoid the appearance of conflicts of interest.
5. I will not use my volunteer position for public office, including official time, information, property or endorsements for personal gain.
6. A volunteer must not accept a gift from a prohibited source or one given because of the volunteer's official position.
7. I will not discuss financial matters with patients.
8. I will comply with all ethics laws and regulations.

**Volunteer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Voluntary Service Staff Signature (upon receipt):** \_\_\_\_\_ **Date:** \_\_\_\_\_