



VOLUNTEER ORIENTATION CHECKLIST

Name: _____

Location: _____

MANDATORY ORIENTATION

I have attended the PREA orientation. I understand that violation of this and all Department policies may result in termination of all volunteer responsibilities and access to agency facilities, as well as referral for prosecution when applicable. I also understand that state law and the Department do not recognize a defense of consensual sexual contact between staff/volunteers and offenders. _____ Initial

I have attended mandatory orientation and have read and understand my responsibilities and obligations as described by an employee and in the Volunteer Guidebook. _____

I have signed the policy review acknowledgement and volunteer confidentiality form. _____

SITE SPECIFIC ORIENTATION	
	Initial _____
Access and Signing in Procedures	
<input type="checkbox"/> Check in and check out procedures <input type="checkbox"/> Meeting areas <input type="checkbox"/> Location and check out of group items in storage lockers	
GENERAL ORIENTATION	
	Initial _____
Safety and Security Issues	
<input type="checkbox"/> Assignment description <input type="checkbox"/> Chain of command <input type="checkbox"/> Facility and vehicle safety/security <input type="checkbox"/> Key control and fingerprinting (if applicable) <input type="checkbox"/> Arrest procedures (Community Corrections) <input type="checkbox"/> Equipment and supplies <input type="checkbox"/> Building logistics <input type="checkbox"/> PREA <input type="checkbox"/> Infectious disease control & TB screening <input type="checkbox"/> DOC 03-161 Volunteer Safety Orientation	
	Initial _____
Emergency Response Procedures	
<input type="checkbox"/> Phone numbers <input type="checkbox"/> Emergency response <input type="checkbox"/> Professionalism <input type="checkbox"/> Come prepared for service, education program, or study (you're in charge of the event)	
	Initial _____
Other	
<input type="checkbox"/> Role of corrections worker <input type="checkbox"/> Site specific <input type="checkbox"/> _____	

RELIGIOUS PROGRAMS ORIENTATION	
	Initial _____
Religious Program Overview	
<input type="checkbox"/> Vision/mission of the religious program <input type="checkbox"/> Religious Beliefs and Practices Handbook	
	Initial _____
Religious Volunteer Responsibilities	
<input type="checkbox"/> Ordained clergy reporting responsibilities <input type="checkbox"/> Proselytizing <input type="checkbox"/> Assignment description <input type="checkbox"/> Orientation per Religious Coordinators manual <input type="checkbox"/> Religious Program orientation not required <input type="checkbox"/> Religious Coordinator approval required for activity outside of assignment description	
REENTRY PROGRAM ORIENTATION	
	Initial _____
Reentry Volunteer Responsibilities	
<input type="checkbox"/> Ethics and boundaries <input type="checkbox"/> Program oversight and mission <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
INTERN ORIENTATION	
	Initial _____
Intern Volunteer Responsibilities	
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

Volunteer signature

Date

Volunteer Specialist name

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Volunteer file