VOLUNTEER AND PRIVATE CONTRACTOR ORIENTATION LIST

1. Resident Rights Initials: \_\_\_\_\_\_\_\_
2. Confidentiality Initials: \_\_\_\_\_\_\_\_
3. Disaster Preparedness Initials: \_\_\_\_\_\_\_\_
4. Safety Procedures/Precautions Initials: \_\_\_\_\_\_\_\_
5. Emergency Response Procedures Initials: \_\_\_\_\_\_\_\_
6. Infection Control Initials: \_\_\_\_\_\_\_\_
7. Body Mechanics Initials: \_\_\_\_\_\_\_\_
8. Abuse Policies and Procedures Initials: \_\_\_\_\_\_\_\_
9. Miscellaneous Procedures Initials: \_\_\_\_\_\_\_\_

I agree that I have been informed of the policies and procedures necessary to be a volunteer or private contractor for Winning Wheels, Inc. I agree to not violate these policies and to comply with the policies and federal, state, and local laws. I understand failure to do so could result in being barred from participating in the facility and legal action could be taken against me by the facility or the resident and/or their legal representative.

Name Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Orientation Facilitator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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