

**VOLUNTEER ORIENTATION CHECKLIST**

Name:       Location:

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| **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 |
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| I have attended mandatory orientation and have read and understand my responsibilities and obligations as described by an employee and in the Volunteer Guidebook. | |  |  |
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| I have signed the policy review acknowledgement and volunteer confidentiality form. | |  |  |

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| **SITE SPECIFIC ORIENTATION** |  | **RELIGIOUS PROGRAMS ORIENTATION** |
| Initial  **Access and Signing in Procedures** | Initial  **Religious Program Overview** |
| Check in and check out procedures  Meeting areas  Location and check out of group items in storage  lockers | Vision/mission of the religious program  Religious Beliefs and Practices Handbook |
| Initial  **Religious Volunteer Responsibilities** |
| **GENERAL ORIENTATION** | Ordained clergy reporting responsibilities  Proselytizing  Assignment description  Orientation per Religious Coordinators manual  Religious Program orientation not required  Religious Coordinator approval required for activity outside of assignment description |
| Initial  **Safety and Security Issues** |
| Assignment description  Chain of command  Facility and vehicle safety/security  Key control and fingerprinting (if applicable)  Arrest procedures (Community Corrections)  Equipment and supplies  Building logistics  PREA  Infectious disease control & TB screening  DOC 03-161 Volunteer Safety Orientation |
| **REENTRY PROGRAM ORIENTATION** |
| Initial  **Reentry Volunteer Responsibilities** |
| Ethics and boundaries  Program oversight and mission |
| Initial  **Emergency Response Procedures** |
| Phone numbers  Emergency response  Professionalism  Come prepared for service, education program, or study (you’re in charge of the event) | **INTERN ORIENTATION** |
| Initial  **Intern Volunteer Responsibilities** |
|  |
| Initial  **Other** |
| Role of corrections worker  Site specific |

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