

**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.**

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