

Volunteer Handbook Online Orientation Quiz

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.

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

2. ICARE 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.”

ICARE stands for:

I _____
C _____
A _____
R _____
E _____

3. **TRUE** Volunteers must maintain appropriate relationship boundaries with
FALSE 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.
4. **TRUE** A volunteer badge only has to be worn when entering or exiting the VA
FALSE facility.
5. **TRUE** Volunteers represent the medical center when they are performing
FALSE volunteer assignments; therefore, you should always be dressed appropriately for your assignment.

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.

- 2 hours
- 4 hours
- 6 hours

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

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.

- TRUE** Health Care System employees, volunteers, students in training, and
FALSE without compensation appointees who witness or receive reports of
 abusive behavior toward a patient must report the incident immediately
 to their supervisor.

9. To call an emergency code at the Iowa City VA Medical Center, dial '0' or ___ __ __ from any line and report the emergency. If at a CBOC, call 911.

10. There Fire Emergency Response acronym 'RACE' (associated with **CODE RED – FIRE OR SMOKE**) stands for:

R _____
A _____
C _____
E _____

11. The alarm will start with the announcement of the Code Red alert and then plain language to describe the function of the area followed by an alpha-numeric description of the areas within the floor. The Code Red function and area description will be repeated three times.

- TRUE**
FALSE

12. **TRUE** Weather alerts (watches or warnings) will be announced with an
 FALSE audible page. Follow instructions for your volunteer assignment
 supervisor or designee in the case of a weather emergency.
13. **TRUE** Before a patient enters a wheelchair, LOCK THE WHEELS and
 FALSE put the footrests up.

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 Iowa City VA 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 Medical Center 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:** _____