

**VOLUNTEER SERVICES DEPARTMENT  
EMPLOYEE CHECK LIST**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

The following is a list mandatory forms/information needed by the volunteer Office for your volunteer file prior to volunteering.

- \_\_\_\_\_ Volunteer Application
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ Employee Volunteer Agreement
- \_\_\_\_\_ Volunteer Agreement
- \_\_\_\_\_ State of Alaska ROI Authorization
- \_\_\_\_\_ Background Check Application
- \_\_\_\_\_ provide a brief reference from your direct supervisor, one or two sentences

It is the responsibility of the volunteer to obtain and provide proof of the following:

- \_\_\_\_\_ Verification of MMR's or screening
- \_\_\_\_\_ Chicken Pox - blood draw or titer
- \_\_\_\_\_ Current TB

Copies may be obtained from employee health by calling X 24941

Verification of the following:

PRINT transcripts from HealthStream. Annual Safety Updates must be current year.

- \_\_\_\_\_ Orientation to PHSA
- \_\_\_\_\_ Integrity & compliance
- \_\_\_\_\_ Privacy & Data Security
- \_\_\_\_\_ Blood-borne Pathogens - due each year after on date of volunteer anniversary
- \_\_\_\_\_ Annual Safety Update - due each year after on date of volunteer anniversary
- Copies of these documents may be obtained from Health Stream
- \_\_\_\_\_ References x2 - if you plan to volunteer in NICU or TCHAP

Final Step - Set up date to have your photo taken for your volunteer file and pick up your volunteer badge.

Forms and references may be emailed to [linda.mcdevitt@providence.org](mailto:linda.mcdevitt@providence.org) or [Tina.morgan@providence.org](mailto:Tina.morgan@providence.org)

NOTE: Volunteers may not be placed in the department in which they work.  
Contact - 212-8415 with questions