

2018 VOLUNTEER SATISFACTION SURVEY



1.	<p>My Volunteer experience has been a positive one.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
2.	<p>I have been appropriately educated for the kind of assignments that I receive.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
3.	<p>I have received acknowledgement/feedback within the last 6 months for my performance when it is warranted or appropriate.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
4.	<p>My primary Volunteer Service Manager offers volunteer opportunities that are in alignment with my interests and skills.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
5.	<p>My primary Volunteer Service Manager communicates his/her expectations effectively with me.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
6.	<p>Please rate the accessibility of your Volunteer Service Manager:</p> <p><input type="checkbox"/> Always <input type="checkbox"/> Most of the Time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at all</p>
7.	<p>I am offered opportunities to attend volunteer gatherings for support and education.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
8.	<p>Please share any suggestion to improve the volunteer program:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
9.	<p>What type of education would benefit your future growth at Hospice of the Western Reserve?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
10.	<p>What can we do to ensure your experience as a volunteer is ideal?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Print Name: _____ Volunteer #: _____

Signature _____



2018 HIPPA ANNUAL QUIZ

1. HIPPA stands for Health Insurance Privacy and Accountability Act
True_____ False_____
2. HIPPA is a Federal Law administered by the Office for Civil Rights
True_____ False_____
3. A car license plate number is PHI
True_____ False_____
4. PHI continues to be protected up to 50 years after a patient has died
True_____ False_____
5. Patients have the right to request a copy of their medical record
True_____ False_____
6. All paid and volunteer staff are permitted to access the medical records of all patients being cared for at their healthcare organization
True_____ False_____
7. It's okay to tell another person about patients you care for at work
True_____ False_____
8. Patients can file a complaint with the Office for Civil Rights if they believe their privacy has been violated
True_____ False_____
9. It's okay to post a picture of a patient on Facebook
True_____ False_____
10. Healthcare organizations must report PHI breaches to the Office for Civil Rights
True_____ False_____

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Signature: _____



2018 EMERGENCY PREPAREDNESS ANNUAL QUIZ

1. The Hospice of the Western Reserve/Hospice of Medina County Emergency Plan can be found
 - A. _____ In the Red Book on the Staff Portal
 - B. _____ On the Current Volunteer page of the website
 - C. _____ Both A and B

2. Paid and Volunteer Staff roles and responsibilities in an emergency are:
 - A. _____ Contained within each emergency plan
 - B. _____ Summarized in Emergency Preparedness Roles and Responsibilities section of the Red Book
 - C. _____ May be directed by the Local Emergency Response Coordinator
 - D. _____ May be directed by the Emergency Response Team
 - E. _____ All of the above

3. Emergencies, as defined by the agency, should be reported by calling the agency's emergency reporting number found on the Emergency Response Card.
 - A. _____ True
 - B. _____ False

4. Threats of violence should be:
 - A. _____ Reported immediately
 - B. _____ Discussed at the next team or staff meeting
 - C. _____ Monitored to see if a pattern emerges
 - D. _____ None of the above

5. Ways we can prevent or reduce the risks for violence include:
 - A. _____ Communicating threats or potential for violence
 - B. _____ Following Facility and Community Safety Guidelines
 - C. _____ Notifying local law enforcement when threats or potential for violence exist
 - D. _____ Learning what to do in the event of an actual active shooter incident
 - E. _____ All of the above

6. In the event of an active shooter or violent person incident, it is important to first call _____ as soon as possible.
- A. _____ Your supervisor
 - B. _____ The agency emergency reporting number
 - C. _____ 911
 - D. _____ None of the above
7. Notifying others of an active shooter/violent person can be done by:
- A. _____ Direct verbal communication to those in the area
 - B. _____ Using the pnone paging system
 - C. _____ All of the above
8. Three actions you can take in the event of an active shooter/violent person are:
- A. _____ Run, Hide, Fight
 - B. _____ Fight, Negotiate, Hide
 - C. _____ De-escalate, Run, Fight
 - D. _____ None of the above
9. Barricades and securing doors can be done by placing furniture against door(s) or use an electrical wire to secure door handles.
- A. _____ True
 - B. _____ False
10. In the event of an active shooter/violent person incident, which actions would be expected of first responders when they arrive on the scene.
- F. _____ They will proceed to the location where shots were/are being heard
 - G. _____ They may shout commands and push
 - H. _____ They will not stop to help injured persons
 - I. _____ They will stop those they encounter to see how they are doing
 - J. _____ Only the first 3

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Signature: _____



2018 EMERGENCY PREPAREDNESS ANNUAL MEDICATION SURVEY

Hospice of the Western Reserve, in cooperation and mutual agreement with health departments throughout Northeast Ohio, is authorized to serve as a closed point of distribution of medications needed to counteract a health threat in the event of a manmade or natural disaster (i.e. Anthrax).

Indicate the number of family, close friends, and neighbors who would need medications in an emergency and you are willing to deliver to. Enter the number below in the boxes based on weight and/or age, as well as primary county of residence. There is no limit and no specific rules about who can be counted.

For example, a staff member has three adults in their home (over 99 lbs.) and a child (less than 99 lbs.). They live in Lake County. They also have three parents and grandparents (over 99 lbs.) who live in Cuyahoga County and a niece (over 99 lbs.) in Medina County. They would enter 3 over 99 lbs. in Lake County, 1 child under 99 lbs. in Lake County, 3 over 99 lbs. in Cuyahoga County, and 1 over 99 lbs. in Medina County.

Indicate the number of family, close friends, and neighbors who would need medications in an emergency and you are willing to deliver to by entering how many dosages you need for **adults greater than or equal to 99 lbs.**

Ashtabula County		Medina County	
Cuyahoga County		Portage County	
Geauga County		Stark County	
Lake County		Summit County	
Lorain County		Wayne County	

Indicate the number of family, close friends, and neighbors who would need medications in an emergency and you are willing to deliver to by entering how many dosages you need for **adults less than 99 lbs.**

Ashtabula County		Medina County	
Cuyahoga County		Portage County	
Geauga County		Stark County	
Lake County		Summit County	
Lorain County		Wayne County	

Indicate the number of family, close friends, and neighbors who would need medications in an emergency and you are willing to deliver to by entering how many dosages you need for **children 12 yrs. of age or younger OR less than or equal to 99 lbs.**

Ashtabula County		Medina County	
Cuyahoga County		Portage County	
Geauga County		Stark County	
Lake County		Summit County	
Lorain County		Wayne County	

Indicate the number of family, close friends, and neighbors who would need medications in an emergency and you are willing to deliver to by entering how many dosages you need for **children 12 -18 years of age OR greater than 99 lbs.**

Ashtabula County		Medina County	
Cuyahoga County		Portage County	
Geauga County		Stark County	
Lake County		Summit County	
Lorain County		Wayne County	

Print Name: _____ Volunteer #: _____

Signature: _____



2018 ANNUAL COMPETENCY
ATTESTATION FOR NON-CLINICAL
VOLUNTEERS

Please check the box next to each attestation and sign at the bottom.

	I confirm that I have read and agree to abide by the Volunteer Recommitment and Job Description
	<p>I have read and agree to abide by the Policy of Conflicts of Interest. Please ✓ the appropriate box below.</p> <p><input type="checkbox"/> I have nothing to disclose</p> <p><input type="checkbox"/> I have something to disclose. Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest arising.</p>

Print Name: _____ Volunteer #: _____

Signature: _____