

# Volunteer Orientation and Training Checklist

Please complete this checklist during the orientation and training process. Keep this document for your records and submit a copy to the Volunteer Coordinator upon completion.

## Volunteer Information

Volunteer Name:

Assigned Role:

Supervisor/Trainer Name:

Start Date:

## Phase 1: General Orientation

Checklist Item	Date Completed	Trainer Initials
Welcome and introduction to the team	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Facility tour (restrooms, breakroom, emergency exits)	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Overview of organization mission, vision, and values	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Review of volunteer handbook and code of conduct	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>

## Phase 2: Safety and Policies

Checklist Item	Date Completed	Trainer Initials
Emergency protocols and hazard reporting procedures	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Attendance, scheduling, and sign-in/sign-out procedures	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Confidentiality and data privacy policies	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>

## Phase 3: Role-Specific Training

Checklist Item	Date Completed	Trainer Initials
Walkthrough of daily tasks and responsibilities	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Introduction to equipment, tools, or software systems	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Shadowing an experienced volunteer or staff member	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Supervised independent practice session	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>

## Comments and Notes

## Sign-off

Volunteer Signature:

Trainer Signature:

Completion Date: