

**Inova Mount Vernon Hospital Auxiliary
Training/Orientation Checklist**

Name: _____ Date: _____

<u>Task</u>	<u>Date</u>
1. Received Packet	_____
2. Application on File	_____
3. Into to Volunteering Video Viewed	_____
4. Reviewed Disaster Preparedness	_____
5. Signed Memorandum of Understanding	_____
6. AIDET Training	_____
7. Each One Reach One	_____

By completing this form, I am consenting that I have been informed of the Standards of Behavior and the Safety and Security requirements necessary to be a volunteer at Inova Mount Vernon Hospital. I understand that the standards of excellence portrayed in these policies reflect Inova Mount Vernon hospital's philosophy and expectations of these standards. I understand that I am to adhere to these standards at all times.