

**General Training Check-list**

**Volunteer/Staff Name:** \_\_\_\_\_ **Trained by:** \_\_\_\_\_

<b>Volunteer Packet</b>	<b>Date Completed</b>
Mission Statement	
Clinic History and Achievements	
Operating Hours	
Important Phone Numbers	
Organizational Chart	
Copy of Handbook and Packet received	
<b>General Information</b>	
Volunteer Sign-in sheet and importance	
Appropriate, professional attire	
Break and Eating policies	
Fire Alarms and Extinguishers	
Disgruntled patients	
Universal Precautions	
Incident and Injury Reporting	
<b>Important Policies</b>	
Telephone and Walk-in Triage	
Antibiotic Protocol	