Volunteer Annual Competency Acknowledgement Form

I hereby acknowledge receipt of my copy of Westchester Medical Center’s Volunteer Annual Competency Booklet. Below is a list of topics I have reviewed:

- Mission Statement, Vision, Organization Goals and Values
- Core Standards of Behavior
- iCare: Your WMC Workforce Resource
- Corporate Compliance/Code of Conduct/HIPAA
- Environment of Care
- Emergency Preparedness
- Infection Control
- Patient Rights and Ethics
- LifeWings
- Pain Management and Assessment
- Cultural Diversity/Cultural Competence
- Language Services
- Child Abuse/Elder Abuse and Neglect
- Quality/Risk Management/Safety
- Department of Security
- Service Excellence
- Hospital Wide Policies and Procedures

*All statements in this handbook are subject to change by Westchester Medical Center.

I understand that if I have any questions on these topics, I can contact my Department Manager or the Human Resources Department.

__________________________          __________________________         __________________________
Print First Name               Print Last Name                   Date

__________________________________
Signature