



Clallam County Volunteer Orientation Checklist

Please initial each item indicating your understanding and compliance.

SAFETY POLICY

_____ I understand that the County Safety Policy 240.5 applies to employees and volunteers. I am responsible for being familiar with it and have access to a copy of it.

_____ The Clallam County "Report of Incident" form has been shown, explained and given to me.

_____ I have been instructed in the reporting procedures in the event of any incident/accident which occurs on the job.

DRUG AND ALCOHOL POLICY

_____ The Clallam County Drug and Alcohol Policy has been explained to me and I understand my responsibilities under this policy.

FIRST AID AND BLOODBORN PATHOGENS

_____ I understand that if my position description involves administration of first aid, I will be provided all applicable county training as outlined in County Administrative Policy 240.12.

HARASSMENT POLICY

_____ I understand that the County Harassment Policy 230.19 applies to employees and volunteers. I am responsible for being familiar with it and have access to a copy of it.

MSDS AND HAZARDOUS CHEMICALS

_____ I will locate the MSDS Manual in my work area and identify any materials I will be working with which may require an MSDS Sheet.

INSURANCE AND LIABILITY COVERAGE

_____ I understand that Clallam County has purchased a limited excess accident medical coverage above my own insurance for any injuries that may occur during time submitted on my timesheet. It is my responsibility to immediately report an injury to my supervisor. In a non-emergency situation, I should take the appropriate paperwork to the doctor’s office with me.

_____ If I use County-owned vehicles or my private vehicle for county business, I will have on file with the County:

- a) a valid Driver’s License;
- b) a state Driving Record Abstract and current record of any moving traffic violations which would affect my insurability;
- c) validation of adequate privately owned vehicle insurance coverage upon request;
- d) documentation of completed County Defensive Driving course.

_____ Volunteer (Print clearly)

_____ Volunteer’s Signature

_____ Department

_____ Orientation Conducted By

_____ Date