National Certification Council for Activity Professionals
Setting Standards of Excellence for Quality of Life through Education
317 Office Square Lane, Suite 202A, Virginia Beach, VA 23462 USA | (757) 552-0653 | info@nccap.org

COMPETENCY CHECKLIST - Volunteer

Name:_____

Title:_____ Facility: _____

Skills Validation

Method of Evaluation: DO-Direct Observation VR-Verbal Response WE-Written Exam OT-Other

Emergency Code Standardization Process	Method of Evaluation	Initials	Comments
Definitions of each emergency code.	WE		
How to call emergency code.	VR		
When is it appropriate to call each code.	VR		
Volunteer responsibilities after calling or hearing a code.	VR		
Has a working knowledge of the layout of the facility	VR		
Knowledge of appropriate Department Heads	VR		
Verbalizes a working knowledge of the facility and services provided	VR		
Verbalizes an understanding the elderly	VR		
Description of assignments or volunteer task	VR		
Acknowledges the scheduled hours	DO		
Vernalizes the Accident procedures _____ to volunteers	VR		
Demonstrates Use of telephone	DO		
Demonstrates Use of elevator (if applicable)	DO		
Demonstrates the Sign in and out procedures	DO		
Verbalizes knowledge of Isolation procedures	VR		
Verbalizes how to protect Residents' confidentiality	VR		
Has strong knowledge of Volunteer restrictions	VR		
Demonstrates Proper wheelchair usage	DO		
Presents with Appropriate volunteer apparel	DO		
Verbalizes understanding of abuse reporting procedures	VR		
Verbalizes a working knowledge of the Patient Bill of Rights	Vr		

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Skills Validation **Method of Evaluation:** DO-Direct Observation VR-Verbal Response WE-Written Exam OT-Other			
Emergency Code Standardization Process	**Method of Evaluation**	**Initials**	**Comments**
Wears a name tag	DO		
Verbalizes Chain of command in absence of volunteer coordinator	VR		
Has general knowledge of Volunteer Bill of Rights	VR		
Has a general knowledge of Alzheimer's and other Related Dementia for our resident's living in the facility	VR		
Demonstrates good Communication techniques for working with speech, hearing, and mentally impaired residents	DO		
Demonstrates good communication skills when working with resident's with cognitive deficits with and without behaviors	DO		
Verbalizes knowledge of smoking policy	VR		
Demonstrates knowledge of Parking regulation	DO		
Demonstrates good Body language	DO		
Demonstrates Socially acceptable behavior and etiquette	DO		
Demonstrates knowledge on How to speak to your peers	DO		

Name of Person Validating the Skills: _____

Signature of Skills Validator _____ Date_____

I understand the Emergency Code procedures for the nursing home and my role in patient safety.
I agree with this competency assessment.
I will contact my supervisor, manager or director if I require additional training in the future.

Volunteer Signature:_____ Date:_____