

# Checklist for New Volunteers

Name \_\_\_\_\_

Date \_\_\_\_\_

Welcome to Pregnancy Resource Medical Center of Fort Bend County! The following is a list of the contents of your Volunteer Packet. Please Read the materials in the packet and complete and return the Forms.

## A. Office Forms for Completion (left side)

- |                                 |                              |
|---------------------------------|------------------------------|
| 1. Checklist for New Volunteers | 4. Confidentiality Agreement |
| 2. Volunteer Application        | 5. Ethics Agreement          |
| 3. Statement of Faith           | 6. Commitment of Care        |

## B. Reading Materials (right side)

- |                  |   |
|------------------|---|
| 1. PRMC Profile  | 3. Volunteer Opportunities/Requirements                   |
| 2. PRMC Policies | 4. PACE Job Description- Peer Advocate Counselor Educator |

	<b>Needed for Client Volunteers</b>	<b>Received by PRMC</b>
Volunteer Application	<b>X</b>	
Statement of Faith	<b>X</b>	
Confidentiality Agreement	<b>X</b>	
Ethics Agreement	<b>X</b>	
Commitment of Care	<b>X</b>	
Provide a copy of Driver's License	<b>X</b>	

### Office Use Only

Background Check Complete		
Reference Checks Complete		
Ekyros Data Entry Complete		

C. At the end of your initial interview you should know what training you will need, who will be training you and when you will come to the center next. Thank you so much for your interest in PRMC!