



National Certification Council for Activity Professionals

Setting Standards of Excellence for Quality of Life through Education

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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			
Verbalizes 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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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: _____