



Annual Education Answer Sheet 2024

Print, sign, date, complete and mail (PO Box 1048, Asheboro 27204), email (jill.cofer@amhealthsystems.com), or drop-off at the Volunteer Services. Also, if your contact information (phone, emergency) has changed, please let us know.

Signature: _____ Date: _____

Circle the ONE correct answer.					
1 - General Information	1. True False	2. True False			
2 – General Safety	1. A B C	2. True False	3. True False	4. A B C D E F	5. True False
3 - Patient Safety	1. True False	2. A B C D			
4 - Fire Safety	1. True False	2. True False	3. True False		
5 - Patient Rights	1. A B C	2. True False			
6 - Cultural Diversity	1. A B C D E	2. A B C D	3. True False		
7 - Sexual Harassment	1. True False	2. True False			
8 - Infection Prevention	1. A B C D	2. True False			
9 - HIPAA & Compliance	1. A B C D	2. A B C D	3. A B C	4. True False	
10 - Volunteer Reminders	1. True False	2. True False	3. True False	4. True False	