

VOLUNTEER

FY 20 Annual Education Quiz Answer Sheet

Name: _____

Department: _____

Date: _____

General Information	Employee / Volunteer Safety	Patient Safety	Fire Safety
1. _____ 2. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____	1. _____ 2. _____ 3. _____
Patient Rights	Cultural Diversity	Sexual Harassment	Infection Prevention
1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____ 3. _____
Corporate Compliance & HIPPA	IndividualizedCare	Volunteer Specific	
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____	1. _____ 2. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	