



CHI Health St. Elizabeth/Nebraska Heart Orientation Completion
Acknowledgement

By signing this form, I _____ acknowledge that I have read, understand and will comply with the policies and procedures as set forth in these orientation presentations, Parts 1 and 2. It is my responsibility to know safety and security instructions to support the safe healing environment of CHI Health St. Elizabeth/Nebraska Heart.

I understand that if I have questions regarding any of the information or materials provided in the Orientation Presentations, I will contact Leanne Miller, Volunteer Services Supervisor, CHI Health St. Elizabeth.

Signature

Date

Print Name

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