**See, Test & Treat**

**Volunteer Orientation Packet**

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| --- | --- |
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Thank you for taking the time to volunteer for See, Test & Treat® scheduled on <<Date>>, <<Time>>, <<Location.>> Arrive no later than << time>>. Please check in with <<Volunteer Coordinator >> at <<Check In>>.

**Program Location:** Institution Name

Address

City, State  
(Parking Information)

**Volunteer Coordinator:** Name

Email address

Phone #

**Your Role: <<**Title of Role>>

**Description of role:** <<Description>>

**You will report to: <<Name>>**

**What to Wear: <<Dress code, any name tags>>**

**Patient flow:**

* The first patient should be arriving at \_\_\_ for their \_\_AM appointment
* << Description of the experience of the patient. Where do they go to check in? Where do they go after their appointment? What can they do while they are waiting?>>
* Each patient will wait approximately \_\_\_ hours for their results
* The last patient will be seen at \_\_\_ pm.

**Core Contact Team**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role/Area of Expertise (who to call for what)** | **Cell Phone** |
|  |  |  |
|  |  |  |
|  |  |  |

**Volunteer expectations/ Rules and Regulations:**

* **Expectation/ Rule 1**
* **Expectation/Rule 2**

**Schedule of Events**

|  |  |  |
| --- | --- | --- |
| **Time** | **Event** | **Description** |
|  |  |  |
|  |  |  |

**Thank you again for your time and your commitment to our community! Please remember to fill out our volunteer survey/evaluation at the end of the program.**