



## Volunteer Orientation Attestation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Region (Circle One): BHMC    BHCS    BHIP    BHN    CHS

**Attestation:**

I attest that I have read and completed the Broward Health Volunteer Orientation and have passed the Orientation self-assessment with an 80% or higher. I understand that I must follow all applicable Broward Health policy and if I have any questions I will contact my manager.

Volunteer Signature: \_\_\_\_\_