



Annual Education Answer Sheet 2025

Sign, date, complete and mail, email (jill.cofer@amhealthsystems.com), or drop-off at the Volunteer Services. Call x8886 or x8889 with questions. Also, if your contact information (phone, emergency contact) has changed, write it below the grid.

Signature: _____ Date: _____

Circle the ONE correct answer.					
1 - General Information	1. True False	2. True False	3. True False		
2 – General Safety	1. True False	2. A B C D E F	3. 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 - Harassment	1. True False	2. True False			
8 - Infection Prevention	1. A B C D	2. True False			
9 - HIPAA & Corp. Comp.	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	