

# VOLUNTEER ASSIGNMENT JOB DESCRIPTION FORM

JOB TITLE:

DESCRIPTION OF JOB RESPONSIBILITIES: (DESCRIBE ALL JOB DUTIES)

1. Check the frequency of activity required of the employee to perform the job.

ACTIVITY	NEVER 0 hours per day	OCCASIONALLY 0-3 hours per day	FREQUENTLY 3-6 hours	CONSTANTLY 6-8+ hours
Sitting				
Walking				
Standing				
Bending (neck)				
Bending (waist)				
Squatting				
Climbing				
Kneeling				
Crawling				
Twisting (neck)				
Twisting (waist)				
Hand Use: Dominant hand Right <input type="checkbox"/> Left <input type="checkbox"/>				
Is repetitive use of hand required?				
Simple Grasping (right hand)				
Simple Grasping (left hand)				
Power Grasping (right hand)				
Power Grasping (left hand)				
Fine Manipulation (right hand)				
Fine Manipulation (left hand)				
Pushing & Pulling (right hand)				
Pushing & Pulling (left hand)				
Reaching (above shoulder level)				
Reaching (below shoulder level)				

2. Please indicate the daily Lifting and Carrying requirements of the job:

Indicate the height the object is lifted from floor table, or overhead location and the distance the object is carried.

	LIFTING				Height	CARRYING				Distance
	Never 0 hours	Occasionally 0-3 hours	Frequently 3-6 hours	Constantly 6-8+ hours		Never 0 hours	Occasionally 0-3 hours	Frequently 3-6 hours	Constantly 6-8+ hours	
1-10 lbs										
11-20 lbs										
21-50 lbs										
51-75 lbs										
76-100 lbs										
100+ lbs										

Describe the heaviest item required to carry and the distance to be carried: \_\_\_\_\_

3. Please indicate if your job requires:

- a. Driving cars, trucks, forklifts and other equipment?
- b. Working around equipment and machinery?
- c. Walking on uneven ground?
- d. Exposure to excessive noise?
- e. Exposure to extremes in temperature, humidity, and wetness?
- f. Exposure to dust, gas, fumes, or chemicals?
- g. Working at heights?
- h. Operation of foot controls or repetitive foot movement?
- i. Use of special visual or auditory protective equipment?
- j. Working with bio-hazards, such as:  
bloodborne pathogens, sewage, hospital waste, etc.

	Yes	No	(IF YES, PLEASE BRIEFLY DESCRIBE)
a. Driving cars, trucks, forklifts and other equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Working around equipment and machinery?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Walking on uneven ground?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Exposure to excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Exposure to extremes in temperature, humidity, and wetness?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Exposure to dust, gas, fumes, or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Working at heights?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Operation of foot controls or repetitive foot movement?	<input type="checkbox"/>	<input type="checkbox"/>	
i. Use of special visual or auditory protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
j. Working with bio-hazards, such as: bloodborne pathogens, sewage, hospital waste, etc.	<input type="checkbox"/>	<input type="checkbox"/>	