

## VOLUNTEER PACKET

Dear Volunteer,

Thank you for your interest in volunteering at Gainesville Physical Therapy & Wellness, LLC. In this packet we will outline some of the expectations we have of our volunteers, the volunteer application, a list of things to bring on your first day, and the Volunteer Policy. Please note that the volunteer shifts options are either 8am to 12pm, 12pm to 4pm, and 4pm to close, Monday through Friday. You will have orientation the first day of your time slot. If at any time, you have any questions please feel free to contact us at [info@gainesvillephysicaltherapy.com](mailto:info@gainesvillephysicaltherapy.com).

PLEASE BRING IN ALL OF THESE FORMS COMPLETED WHEN YOU COME IN FOR YOUR FIRST SHIFT.

### ILLNESSES

If you feel bad, have a cough, might be running a fever or could be **contagious**. Please call & EMAIL and do not come in because of the elder patients that we see here in our clinic. However, the absence will be unexcused unless a doctor's note is presented.

Plus, we do not want to get sick and take it home to our families.  
Thanks for your cooperation concerning this matter.

## **VOLUNTEERS JOB DESCRIPTION**

Welcome to Gainesville Physical Therapy & Wellness, LLC. We as a staff are aware of the need for volunteer experiences, and we are pleased to offer you this opportunity. We are a small but busy private practice and your help is welcomed. Due to space limitations, we regret that we cannot accept any volunteers as strictly observers. As a volunteer you will be expected to help with many of the daily activities that are vital to our operation running smoothly.

Some of the duties expected of our volunteers are as follows.

### **A) ALL VOLUNTEERS**

- 1) Wash, dry, and fold laundry. Let us know if there is a load in the laundry room when you leave.
- 2) Prepare hot packs and ice packs.
- 3) Clean and prepare rooms after patient is done in room. If in doubt, ask if it needs to be done.
- 4) Help replace and refill ultrasound lotion in warmer and return equipment to proper places.
- 5) Help keep equipment room, treatment rooms, etc. neat.
- 6) Clean mats, and balls with designated cleaner (lemon disinfectant), and mirrors with Windex.
- 7) Make sure exercise room and treatment rooms are neat and clean.
  - a) Put away and organize balls, rolls, pillows, Therabands, etc.
  - b) If necessary, run a sweeper over gym and bathroom floors.
  - c) Clean the bathrooms as instructed.
- 8) Fill hydrocollator (hot pack unit) up with water when it gets low.
- 9) Checklist is where you will find all your required duties for the day. If you are done with them, ask the Exercise Specialists for any other duties.

### **B) VOLUNTEERS IN MORNING**

- 1) Be sure to put laundry in.
- 2) Make sure rooms have been cleaned and organized.
- 3) Complete all other opening procedures as listed in the cleaning log.

### **C) VOLUNTEERS IN AFTERNOON**

- 1) Always check to see if there is laundry in the dryer.
- 2) Mop/vacuum if it is your designated day.
- 3) Get the bulk of the cleaning duties done while therapists are at lunch.

### **D) VOLUNTEERS IN EVENING**

- 1) Empty all wastebaskets into the trash in the bathroom and empty daily.
- 2) Hang lumbar hot packs to dry.
- 3) Complete all other closing procedures as listed in the cleaning log.

Observing is a great way to learn. A lot of the time these duties can be done while you are watching and listening when the exercise room is not too crowded. If you do not know how to do some of the tasks, take the initiative to ask, even if we have already trained you in a particular area, guessing is not an option and could result in an accident. **ASK**. It is up to you on how much you learn with this experience. While the therapists are treating patients, it is up to you to engage in what is occurring in the clinic and ask questions. If you are close by, the therapist will engage you as well in opportunities to learn. Any questions you may have should be saved until an appropriate time. Remember that our first priority is to patient care and they should ALWAYS be treated professionally. Thank you for taking the time to learn more about our great profession.

## **VOLUNTEER POLICY**

### **Clinic Organization**

Dr. Erienne Blanchard, PT is the clinical coordinator of education and volunteers. Rachel Branham is the one that will coordinate your schedules, training, and needs. She is the one to direct your questions to as needed. Melissa Lower (Missi) is the Business Manager and can answer all your questions as well. The Exercise Specialist will conduct your onsite orientation and finish any clinic-required paperwork. To be clear, if you have a question regarding your duties or the clinic, start and work down the list:

- Exercise Specialist
- Dr. Erienne Blanchard, PT, CMPT, CFC
- Missi Lower, Business Manager
- Dr. David Lower, PT, CMPT

### **Types of Patients Treated**

We are an outpatient orthopedic clinic. We have/ do treat patients as young as 5 at this time and as old as 98. We see all joint and muscle issues (neck, back, shoulder, elbows, feet, knees, hips, etc.). We do treat some neurological orders but usually in conjunction with an orthopedic issue such as back pain with Parkinson. We utilize manual therapy (soft tissue manipulation, joint mobilization, etc.), modalities (ultrasound, ice, heat, TENS), and exercise (cardio, stretching, and strengthening).

### **Patient Observations**

Once your checklist duties are done, please join us all in the gym and listen/ask questions of the therapists. We may not pull you in to the discussion but by being near us we tend to teach more. If you do have questions, we will ask the patient if they are comfortable/allow us to talk about their case with you. Please keep your questions professional and on topic for the patient care. You must continue to be aware of the clinic needs and address tables/ rooms as they require attention.

### **Letters of Recommendation**

Front desk staff and exercise specialists are not responsible for coordinating letters of recommendation for volunteers. If you desire a letter of recommendation from a staff member at the clinic, you are responsible to voicing that to the PT/OT/PTA. It is your responsibility to get to know the staff member, develop rapport with them during your semester of volunteering, and do what they require to write you a letter.

## Cleaning List/Room Cleaning

Your duties as a volunteer include the cleaning list. Marked on each day are greyed boxes. Those are the duties that must be completed by the volunteers on that day. You are responsible for completing activities on your day as it is split between the volunteers of the day. You are expected to contribute equally. If you do not participate in an equal manner with regards to the cleaning list, you will have one warning to comply and then be dismissed from volunteering at the clinic.

Other duties are changing the rooms over (i.e. cleaning and straightening up between patients). You may be asked to put together a hot pack or ice pack/cup for patients as well. As a volunteer, it is helpful that you make yourself available to retrieve needed objects for the therapists.

If you are asked to do something by **ANY** of the clinic staff, please do it quickly and concisely. If you have been instructed to do something else, or there is a conflict in instructions you have been given, please clarify with the staff member giving you the newest instruction. Our primary concern is the needs of the patients are met first then everything else.

## Attendance

When you agree to your time slot, your attendance is required every week. This position is critical for the clinic flow and not attending is not an option. You may have **three unexcused** absences and then you will be dismissed from the clinic. All absences need to be emailed to [info@gainesvillephysicaltherapy.com](mailto:info@gainesvillephysicaltherapy.com) with a stated reason for the missed day. If it is due to the reasons below, please attach the syllabus or Dr. note to the email. Timeliness is required. Please be sure that you are ready to begin your duties as a volunteer at your start time and not just walking through the door. Exception is only to bus routes (please advise the Exercise Specialist at orientation).

If you have a test scheduled at the same time that you have volunteering, bring the syllabus by to confirm and it will not count against you. If you are ill, we would like a doctor's note or it will count towards your three absences. If you have a death in the family, that will not count against your 3 allowed absences.

If you have special needs regarding buses and the like, be sure to alert the Exercise Specialist to these needs and accommodations can be made.

## Volunteer Time Frames

- Day 1 of the Semester through the last reading day (this means that if you volunteer on a Friday, we expect to see you on the reading day).
- Exam week and break weeks are not required between semesters.
- Spring Break is voluntary and will NOT count towards your absences. If you are not going to be here for spring break be sure to mark it on the calendar and SEND an email the week before.

## Name Tags

Names tags will be provided for you. You are to wear the nametag at all times while in clinic. This is a state law under OSHA and is required of all employees and staff at the clinic. Please alert the staff if you have lost your tag. If your nametag is lost, you will be responsible for replacing it. The day that you volunteer you may wear your Gator One. However, Gator One is a one time only option as you are not a current intern or student at the clinic. It is required that you leave your nametag here at the end of your shift to prevent loss.

## **Dress Code**

All volunteers are required to wear dress pants (i.e. khaki's in blue, black, or tan). These pants are not to be skintight and should be professional. No holes, stains, or bleach spots allowed on clothing, as this is a professional setting. Shirts should cover the chest and mid-section (i.e. polo's). Please wear athletic shoes as they will be supportive and reduce pain while performing your duties. If you are not wearing clinic appropriate attire (at the discretion of the clinical instructor), you will be dismissed for the day and it will count towards your two absences.

Fragrances are not allowed. Please be aware that we do ask you to be clean; however, usage of strong fragrant body washes, lotions, colons, perfumes, sprays, etc. is not allowed. Many patients have allergies and diagnosis that do not tolerate the fragrances. Please be aware that some of the holistic soaps and such also contain strong scents that may not allow patients to continue treatment. Please be aware of the strength of the scents of your body care products.

## **Parking**

Secondary to restricted space in our parking lot, we ask that all volunteers park in the back of the gravel lot as far back as possible (old building)/behind the building that is farthest from 13<sup>th</sup> Street (new building).

## **Professionalism**

We are more than willing to answer questions regarding patient care as the treatment is being conducted and immediately following the activity. However, if you have more questions regarding our treatments and physical therapy in general, please email those to the clinical instructor for the timeliness of the clinic. The instructor does not mind answering those types of questions via email. Example of these questions may be "What do you feel programs are looking for in students? What schools in Florida would you recommend?" etc.

Discussions with patients and wellness clients should focus on the patient and not you. They may ask about you, but please keep it brief and turn the conversation back to them. This is proper discussion and professionalism with give-and-take in conversation. AVOID politics, religion, human rights, war, elections, all sexual content, etc. while in clinic, as these are hot topics that differ between patients and may distract them from their work here. Do not distract patients while performing activities that require counting and do not delay movement between activities with discussion. Conversation may continue as long as you are assisting the movement of the patient between activities.

Do not draw the Exercise Specialists into conversations regarding applications, schools, personal issues, etc. as they have multiple duties, patients, and other requirements to attend to daily. You may ask them if you can contact them personally (Exercise Specialists only) for more information regarding those topics. It is in their discretion to agree to assist you with personal/school issues.

**VOLUNTEER APPLICATION**

Date \_\_\_\_\_

S.S.# \_\_\_\_\_

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70.

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Phone # (home) (cell) email: \_\_\_\_\_ @ \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

Are you legally eligible for work in the United States?  yes  no

Are you 18 years old or older?  yes  no

Position applied for: VOLUNTEER Referred by \_\_\_\_\_

References: Attached/NA Date you can start \_\_\_\_\_

What days can you work? M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_ .

Shift interested in: \_\_\_ 8a-12p, \_\_\_ 12p-4p, \_\_\_ 4p-close.

If you have any disabilities that would interfere with your performing in the position for which you have applied, please explain/attach: \_\_\_\_\_

Have you been convicted of a felony within the past 7 years?  yes  no If yes, please explain on separate sheet: \_\_\_\_\_ (A criminal back ground check will be performed and will be paid for by the employee. Conviction will not necessarily disqualify applicant for employment)

In case of emergency, notify: \_\_\_\_\_  
(NAME – SPOUSE/PARENT/GUARDIAN/SIBLING/FRIEND)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(PHONE)

**VOLUNTEER APPLICATION cont.**

We need a copy of your:

- Driver's license
- CPR Card (If you have one)
- HIPPA Confidentiality Statement (below)
- HIPPA Training Certificate
- Signed Volunteer Policy

You are covered by our company malpractice insurance. I, the undersigned, have agreed to accept PRN/full time/part-time volunteer. I certify that I will become fully trained in the facility corporate compliance program, confidentiality policies per HIPAA guidelines as well as the facility personnel policies and procedures. I will abide by Florida and Federal standards of Physical Therapy practice and professional ethics as noted in the facility policy and procedure manuals.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**HIPAA CONFIDENTIALITY AGREEMENT**

Employees and partners of Gainesville Physical Therapy & Wellness, LLC will have access to confidential information, both written and oral, in the course of their employment and job responsibilities. It is imperative that this information not be disclosed to any unauthorized individuals in order to maintain the integrity of the patient information. An unauthorized individual is any person not currently an employee of the practice and/or any individual who is an employee of the practice who has no business use for the information. It is also the responsibility of all personnel to ensure that no inappropriate discussion is held about the condition of any patient or about patient treatment. An overheard conversation on these subjects can be extremely distressing to patients or visitors. Any other disclosures may only occur at the direction of the Privacy Officer or by patient authorization.

Staff shall not, at any time, give or use information obtained by means of their official positions and shall under no circumstances divulge confidential information. This requirement also applies to conferences with physicians.

Patient information will only be released when authorization to release medical information has been signed by the patient or his or her legal representative, or by court order. Medical information is released only to physicians, hospitals, attorneys, and medically affiliated regulatory agencies or to insurance companies and their agents. A "Release of Information" should be signed by the patient and considered sufficient authorization to release matter contained in the medical record if such release is made to any of the classes of persons described above. Requests for this information must be in writing and will be evaluated by the appropriate supervisor. Medical information includes claims data, which relate to the medical condition and/or treatment of the patient.

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I have read and understand the practice's policies with regards to privacy and security of personal health information. I agree to maintain confidentiality of all information obtained in the course of my employment including, but not limited to, financial, technical, or proprietary information of the organization and personal and sensitive information regarding patients, employees, and vendors. I understand that inappropriate disclosure or release of patient information is grounds for termination.

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

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



**SIGNATURE PAGE**

I \_\_\_\_\_ agree to this policy, and will abide by the attendance policy. By signing this policy, I attest to understanding the clinic, duties, and requirements placed upon me as a volunteer at Gainesville Physical Therapy & Wellness, LLC.

I \_\_\_\_\_ understand that I can be dismissed for not abiding by this policy and per the therapists discretion.

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

\_\_\_\_\_

Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_

Date