

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 a link to a HIPPA exam (to be completed before your first day). Please note that the volunteer shifts options are either 8am to 1pm OR 2pm to 7pm, some days a little later, Monday through Friday. Before you are assigned a volunteer position a brief interview is required with one of the staff. If at any time you have any questions please feel free to contact us at the number below.

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

[HIPPA Exam](#)

APPLICATION FOR VOLUNTEER

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: ___ AM, ___ PM.

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)

APPLICATION FOR VOLUNTEER cont.

We need a copy of your:

- Driver's license
- CPR Card (If they have)
- HIPPA Confidentiality form
- HIPPA Training Certificate

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: ___/___/___

Attention Volunteers:

If you feel bad, have a cough, might be running a fever or could be **contagious**.

Please call and do not come in because of the elder patients that we see here in our clinic.

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.

You will be expected to set up a schedule to follow with the physical therapist. If there are circumstances that prevent you from coming in, please call in advance so we are able to adjust our schedule.

You should come dressed appropriately and ready to work. Business Casual attire is required. Nice, non-worn jeans are allowed with a nice shirt. Conservative, neat, and clean is the rule to follow, and hair should be tied back. Remember that your appearance is a representation of you and our clinic.

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

A) ALL VOLUNTEERS

- 1) Let the Exercise Specialist or front desk person know when a patient has arrived.
- 2) Wash, dry, and fold laundry. Let us know if there is a load in the laundry room when you leave.
- 3) Prepare hot packs and ice packs.
- 4) Clean and prepare rooms after patient is done in room. If in doubt, ask if it needs to be done.
- 5) Sweep front deck and walkway with broom in bathroom closet.
- 6) Help replace and refill ultrasound lotion in warmer and return equipment to proper places.
- 7) Help keep equipment room, treatment rooms, etc. neat.
- 8) Re-file workout sheets.
- 9) Clean mats, and balls with Envirocide, equipment with Envirocide, and mirrors with Windex.
- 10) 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.
- 11) Fill hydrocollator (hot pack unit) up with water when it gets low.

B) VOLUNTEERS IN MORNING

- 1) Be sure to put laundry in.
- 2) Make sure rooms have been cleaned and organized.
- 3) Prepare ice packs for the day.

C) VOLUNTEERS IN AFTERNOON

- 1) Empty all wastebaskets into dumpster out back.
- 2) Dismantle all ice packs.
- 3) Hang hot packs to dry.
- 4) Always check to see if there is laundry in the dryer.

Gainesville Physical Therapy & Wellness

"Where People Matter and Results Count"

Observing is a great way to learn. Most of the time these duties can be done at the desk in the exercise room 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 so 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.

I have read and understand what is expected of me while I am volunteering my time with Gainesville Physical Therapy and Wellness, LLC.

Print Name

Signature

Date