

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 12:30pm, 12:00pm to 3:30/4:30pm, and 3 or 4 pm 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.

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 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, yet 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.
- 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 return equipment to proper places.
- 5) Help keep equipment room, treatment rooms, etc. neat.
- 6) Clean mats, and balls with designated cleaner, 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 if needed.
- 2) Complete all other opening procedures as listed in the cleaning log.
- 3) Make sure rooms have been cleaned and organized.

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.
- 4) Refill ultrasound lotion

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.

*Complete and most up to date tasks will be located on the cleaning log

VOLUNTEER POLICY

Clinic Organization

Tiffany Thames, PTA, BAS, CMPTA, CKTP is the clinical coordinator of education and volunteers. Ethan O'Hearn, PTA, CMPTA is the assistant clinical coordinator of volunteers and exercise specialists. Tiffany Thames and the Head PT Exercise Specialist are who will coordinate your schedules and training. Please direct your questions about volunteer tasks to any exercise specialist. The Head Exercise Specialist will conduct your onsite orientation and finish any clinic-required paperwork. If they are unavailable, another exercise specialist will conduct the orientation. To be clear, if you have a question regarding your duties or the clinic, start and work down the list:

- Exercise Specialist
- Tiffany Thames, PTA, BAS, CMPTA, CKTP
- Dr. Erienne Blanchard, PT, DPT, OCS, CMPT, CFC, Cert. DN
- Missi Lower, Business Manager
- Dr. David Lower, PT, DPT, CMPT, Cert MDT

Types of Patients Treated

We are an outpatient orthopedic clinic. We have/ do treat patients as young as 5 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 disorders but usually in conjunction with an orthopedic issue such as back pain with Parkinson's disease. We utilize manual therapy (soft tissue manipulation, joint mobilization, etc.), modalities (ultrasound, ice, heat, TENS), and exercise (cardio, stretching, and strengthening).

Patient Observations

Observing is a great way to learn. Once your checklist duties are done, please join us all in the gym and listen/ask questions of the therapists. However, a lot of the time, your duties can be done while you are watching and observing therapists. If you do have specific questions, we will ask the patient if they are comfortable/allow us to talk about their case with you. We may not pull you in to the discussion unless the patient allows us to share their medical information with you, but by being near us we tend to teach more. 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. 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. Remember that our first priority is to patient care and they should ALWAYS be treated professionally.

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/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. 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 that the needs of the patient are met first.

Attendance

When you agree to your time slot, your attendance is required every week. This position is critical for the clinic flow. 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 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.

- Exam scheduled
- Sick
- Family death

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. The only exception is to bus routes (please advise Tiffany Thames and Exercise Specialist at orientation).

Timeliness

Each shift you attend, you will mark the date, your arrival time and your departure time. If you arrive late for your shift, please round up to the nearest 15 minutes. For example, if you came in at 8:05 am, please mark that you arrived at 8:15am. Every volunteer is welcome to stay after their shift to make up for their late arrival. Writing down a time before you actually arrived will lead to dismissal due to lack of honesty.

"Where You Matter and Your Results Count"

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.
- Daily time frames are 8-12:30pm, 12:30pm-3:30/4:30pm, and 3/4pm-close.

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, mid-section and low back (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 three absences.

Fragrances are not allowed. Please be aware that we do ask you to be clean; however, usage of strong fragrant body washes, lotions, colognes, 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 or in the grass lot that is in front of our paved parking lot (park diagonally).

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.

Honesty Policy

Honesty is our top priority and we rely on it heavily. Being dishonest in any way is a violation of trust and will result in immediate dismissal.

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)

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

Statement of Faith

Important Note: While we ask you to review and sign the below acknowledgment, please understand that in no way does accepting employment at Gainesville Physical Therapy & Wellness, LLC (GPTW) require that you change your current faith, philosophy, or adopt a new one. You will not be discriminated against or treated differently in any fashion. We value diversity in all its forms and believe that it strengthens our ability to serve our patients. We simply want you to know before you accept a position with us what our faith values are and how we live that out in our daily work lives.

* * *

We (The owners of GPTW) are Christians and seek to operate the clinic in accordance with the doctrines of our faith. We endeavor to make all business decisions according to Biblical principles, and strive to love our neighbors as ourselves and do unto others as we would have done unto us by serving patients, staff and community members with love and excellence. We will adhere to these principles regardless of any impact on profit.

We reserve the right to decline any request for service that would require us to host or engage in expression that violates our tenets of faith.

By signing this document, you acknowledge that you have read and understand the above.

Signature

Print name and indicate position (employee, student, volunteer)

Signature on behalf of the clinic

Print Name

Date signed: _____