



Dear Volunteer,

Thank you for choosing to volunteer your time with us at Smart Body Physical Therapy. We are an outpatient physical therapy facility and we also specialize in pelvic floor rehabilitation. We are located on 6885 Belfort Oaks Place, Suite 310, Jacksonville, FL 32216, near St. Luke's Hospital off of JT Butler Blvd. Our hours of operation are Monday – Thursday 8:00 am – 7:00 pm and Friday 8:00 am – 5pm. We ask that you volunteer at least four hours at a time and let our office know what type of schedule you prefer so we can prepare for you.

We expect professionalism and confidentiality of patient records from all our employees and will expect the same from you. On your first day, you will need to read and sign a Patient Confidentiality Form and read over information on infection control as part of keeping you safe while at our facility. Your duties as a volunteer will include helping the front office (which may include creating, breaking down, and filing patient charts) as well as preparing rooms for our patients in the treatment area (which may include letting the therapist know when the next patient arrives and putting away laundry).

We look forward to meeting you and hope you will enjoy your time here as well. Please call us at (904)296-4140 if you have further questions.

Thank You,

Smart Body Physical Therapy



Volunteer Priority

Exceeding patient expectations is our number one priority at Smart body Physical Therapy. This begins with patient care.

- Inform the Physical Therapist when the patient arrives
- Within 10 minutes, bring patient into a clean treatment room
- Inform the Physical Therapist which room the patient is in.
 - Example: “Your next patient is in room 3.”
- When the patient is finished with their treatment, complete the “Treatment Room Checklist” located in the front office.
 - This includes changing pillow cases, wiping down tables or equipment with alcohol, etc.
- Start process over again.

****If the Physical Therapist needs assistance with Ultrasound or Electric Stimulation (e-stim), inform the Physical Therapist Technician as to which patients needs the treatment.*

Volunteer Down Time

- Clean exercise equipment (theraball, bike, seat, handle bars, dumb bells, exercise mat, etc.) with alcohol spray bottle
- Filing (patient charts, EOB's, Plan of Care)
- Break down discharged charts (make sure MR# is on all documents, return chart to front office personnel to review chart for completeness)
- Create new charts and new patient folders

Physical Therapist Shadow

During “down time,” you may be allowed to shadow a Physical Therapist during treatment of a patient upon verbal consent of the patient. The Physical Therapist will let you know when this occurs. While shadowing, we expect you to remain professional and allow the Physical Therapist to continue treatment with the patient with little interference.



Volunteer Contact Information

_____ Name (Last Name)	_____ (First Name)	_____ (Middle Initial)
_____ Home Phone (Area Code)	_____ Cell Phone (Area Code)	
_____ E-mail address	_____ Birth date	
_____ Street Address		
_____ City	_____ State	_____ Zip Code

Emergency Contact Information

1) _____
Name (Last Name) (First Name) (Middle Initial)

Relationship to Volunteer

Home Phone (Area Code) Cell Phone (Area Code)

2) _____
Name (Last Name) (First Name) (Middle Initial)

Relationship to Volunteer

Home Phone (Area Code) Cell Phone (Area Code)

Volunteer Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

References

1) _____
Name Phone Number

2) _____
Name Phone Number

3) _____
Name Phone Number

Please attach copy of your Photo ID.



BACKGROUND INVESTIGATION AUTHORITY- VOLUNTEERS

I hereby authorize Smart Body Physical Therapy or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my VOLUNTEER application from all liability for any damages resulting from his/her furnishing said information. Additionally, I hereby authorize any investigation of my personal history, including, but not limited to an educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: _____ SSN: _____ - _____ - _____
Other Names or SSN Used: _____
Current Street Address: _____ Apt.: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____
Driver's License#: _____ State: _____ *DOB: ____/____/____
**DOB is optional and is only used for identification purposes in screening inquiries*

LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse or resume attached)

Street Address City State Zip from to DATES: _____

Street Address City State Zip from to DATES: _____

Street Address City State Zip from to DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____
This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.

Signature: _____ DATE: ____/____/____

If you are a resident of **California, Minnesota, New York, Oklahoma or Washington**, you may request a copy of any "consumer report" obtained by us by indicating below:
YES – please provide report copy in accordance with applicable law- _____ (please initial)

For Smart Body Physical Therapy Office Use ONLY
Please log in to www.singlesourceservices.com to enter subject for screening(s).
SingleSource Services 1-800-713-3412

Client Reference: _____ Date Requested: _____

