



Dear Volunteer,

Thank you for choosing to volunteer your time at Smart Body Physical Therapy. We're an outpatient physical therapy clinic specializing in pelvic floor rehabilitation. We're located near St. Vincent's Southside, at 6639 Southpoint Parkway, Ste. 103, Jacksonville 32216. Our hours of operation are 7am – 6pm Monday – Thursday, and 7am – 4pm Friday. We ask that you volunteer at least four hours at a time and let our office staff know what type of schedule you prefer so that we can best work with you.

We expect professionalism and confidentiality of patient information from all of our employees and volunteers. On your first day, you will need to read and sign a patient confidentiality form and read over the information on infection control as part of keeping you safe while you're at our clinic. You will also need to bring a copy of your background check. This can be obtained for free at the JSO Substation inside Regency Square Mall: 9501 Arlington Expy, Jacksonville, FL 32225.

Your duties as a volunteer will include helping the front office and Physical Therapists. We ask that our volunteers wear white polos and khaki pants during business hours.

We look forward to meeting you and hope you will enjoy your time here! Please call Vanessa Perez, PTA, at (904) 296-4140 or [Vanessa.Perez@SmartBodyPt.com](mailto:Vanessa.Perez@SmartBodyPt.com) with any further questions, as she coordinates all volunteer activity.

Thank you,

Smart Body Physical Therapy staff

*Only Smart Body Physical Therapy has the patients who travel near and far for our breadth of expertise in pelvic health medicine so that they can savor life again... or perhaps for the first time ever.*



## Volunteer Information

### *Volunteer Contact Info*

Name: \_\_\_\_\_  
First Last M.i.

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Cell Home

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
Street City State, ZIP

### *Emergency Contact Info*

1) Name: \_\_\_\_\_  
First Last M.i.

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Home

2) Name: \_\_\_\_\_  
First Last M.i.

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Home

### *Volunteer Schedule*

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

### *References*

1) \_\_\_\_\_  
Name Phone Number

2) \_\_\_\_\_  
Name Phone Number

Please attach or bring a copy of photo ID.



## Volunteer Expectations

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

- Inform the Physical Therapist when the patient arrives
- Within 10 minutes, bring patient to a clean treatment room
- Inform the Physical Therapist which room the patient is in
  - Ex. "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 and sheets, wiping down tables or equipment with alcohol, etc.
- Repeat this process with each patient

\*\*If the Physical Therapist needs assistance with Ultrasound or Electrical Stimulation (E-Stim), inform the Rehab Tech on duty which patient needs the treatment so that they can take care of them.

### *Volunteer Down Time*

- Clean exercise equipment with alcohol spray bottle
- Filing – break down old patient charts, EOBs, Plans of Care as instructed
- Ask Rehab Techs or Front Office Staff if they're in need of other help

### *Physical Therapist Shadowing*

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.