

Brazos Valley Rehabilitation Center



BRAZOS VALLEY
REHABILITATION CENTER

Volunteer Handbook

PT/OT/SLP VOLUNTEER JOB DESCRIPTION

POSITION: Volunteer

SHIFT: Scheduled by the volunteer

I. Position Summary

The volunteer will be responsible for observing physical therapists, occupational therapists, or speech-language pathologists, and assisting them in activities directly and indirectly related to patients.

II. Position Relationships

- A. Responsible to the therapists in the department.
- B. Workers Supervised: None
- C. Interrelationships: Therapists and support staff.

III. Duties and Responsibilities

- A. Complete volunteer application form, including a photograph.
- B. Record volunteer hours in their folder in that department.
- C. Attend scheduled volunteer time.
- D. Observe therapist during treatment and be able to assist therapist as needed.
- E. Perform other duties such as:
 - 1. Make copies, laminate, cut, etc.
 - 2. Clean treatment areas after each patient.
 - 3. Wash and put away toys.
 - 4. Help with patients' siblings or patients waiting for their parents to return.
 - 5. Other duties, including help with fundraising events.

IV. Position Requirements

- A. Training and Education: Interest in PT/OT/SLP and complete orientation
- B. Experience: None
- C. Physical Requirements: Moderate Activity
- D. Dress: Professional, in accordance with dress code.
- E. Working Conditions: In treatment areas.

***** Because of liability laws and ethical issues, we cannot allow volunteers to “treat” patients. The main function of a volunteer is to **observe** treatment, but you may assist therapists as needed and instructed. *****

Brazos Valley Rehabilitation Center
Phone (979)776-2872; Fax (979)776-1456

Speech-Language Pathologists:

| | |
|------------------------------|--|
| Tessa Sexton, M.S., CCC-SLP | tsexton@brazostherapy.org |
| Judy Freeman, M.S., CCC-SLP | jfreeman@brazostherapy.org |
| Brianne Grove, M.S., CCC-SLP | bgrove@brazostherapy.org |

VOLUNTEER INFORMATION

1. Volunteers will complete application form, including a photograph. This information is important for volunteers who want to use BVRC as a reference.
2. Volunteers will need to complete a background check form and give the receptionist the form along with \$10 to cover the cost of the background check.
3. Volunteers will need to park in the school parking lot across the street from BVRC and check-in with the front desk. You may need to provide your license plate number to the receptionist.
4. Volunteer need to wear name tags every time they volunteer. They are located downstairs at the front desk.
5. Volunteers will have a folder with their name on it located in the speech department on the back of the door of the materials closet. Volunteers are to return their folder to the same location when they are done.
6. Volunteers are scheduled on a first-come, first-serve basis for a semester at a time as applications are approved. Hours may be scheduled for **2-hour blocks 1-2 times per week**, although there is some flexibility allowed around class schedules. Please mail Judy Freeman at jfreeman@brazostherapy.org if you are unable to attend for any reason.
7. It is important for volunteers to come at their scheduled time and be neat in appearance. Dress code for volunteers is **professional dress** (example: slacks and a nice shirt). Please do not wear skirts, dresses, shorts, t-shirts, workout clothes, flip flops, or other unprofessional attire.
8. Volunteers are to check in with the therapists when they arrive to determine which patient they are to observe. Volunteers can shadow any of the speech therapists in the department as long as they have permission from the treating therapist. Some patients do not work well with volunteers; therefore, we will have you shadow another therapist.
9. At the end of each day you volunteer, observation and/or volunteer hours should be recorded on your forms and signed by the treating therapist.
10. On the last date you volunteer, please be sure to have the therapists put their ASHA and license # on your observation form and leave a copy with the facility.
11. Volunteers will have to volunteer with BVRC consistently (minimal 20 hours) for 1 semester to be able to ask for a letter of recommendation.

HOW YOU CAN HELP DURING VOLUNTEER TIME

1. Observe and assist therapists with patients.
2. Clean treatment areas by wiping down tables, putting away toys, and cleaning toys and vacuuming if necessary.
3. Make copies or deliver faxes downstairs.
4. Check with therapists for additional projects, such as cutting, laminating, etc.
5. Check with support staff for additional duties.
6. Look at reference books, etc. in order to learn more about therapy.

PATIENT CONFIDENTIALITY

Because of strict laws on patient information set forth by the government (Health Insurance Portability and Accountability Act of 1996 - HIPAA), patient confidentiality is very important. As a volunteer, you will be working closely with patients and their information. All patient information including names, diagnoses, and treatment are to remain confidential; and therefore, should not be discussed with anyone outside of the clinic. This includes discussing patient information with other volunteers when you are not at BVRC. Because of these laws, you are not to look in charts unless you have been given permission by the therapist. If you are found to be in violation of this confidentiality, you will be asked to discontinue volunteering at this facility.

USING DISCRETION IN THE CLINIC

It is important to use your best judgment when you are around different patients. Some patients may not feel comfortable with volunteers around, so let the therapist get their consent. It is okay to talk to patients, just be sensitive to their situations. If the therapist is talking to a patient about a sensitive issue, you may want to excuse yourself from the room. At times, children may be overwhelmed with too many people in the room. If this is the case, you may be asked to watch from a distance or step out of the room. If you have questions about a treatment or the patient's conditions, please feel free to ask the therapist following the treatment session.

ILLNESS

For our patient safety/wellness and for our BVRC Staff health, Please do not come for your appointed time ill. Please do not come if: you have a fever greater than 99 degrees, have an active cough, runny nose, sore throat, nausea/vomiting, diarrhea, or any of these symptoms in the last 24 hours. Additionally, if you have a current infection and are on antibiotics, please do not volunteer until you have been on the antibiotics for at least 48 hours. Please email Judy Freeman at jfreeman@brazostherapy.org if you are unable to attend for any reason.

*Volunteers are very important to the function of BVRC.
Thank you so much for your hard work and dedication to the organization.
You are appreciated!*