



Student/Volunteer Training

1. **Student Observation Hours:** If you are interested in volunteering at Mountain Town Rehab to satisfy a requirement for observation hours, please call Mountain Town Rehab at 989-779-2920 to schedule your time.
2. **Tracking Hours:** It is the student's responsibility to schedule their time and track their hours. If you need a form for tracking your hours, they are available at Mountain Town Rehab.
3. **Dress Code:** Our dress code is basically business casual. Our goal is to project a professional image while allowing our staff to work comfortably. If you are unsure of what is appropriate, feel free to ask us prior to arriving for your first scheduled time. Jeans are allowed only on Fridays and should not be torn/frayed.
4. **Handwashing:** Handwashing is the single most important way to prevent the spread of infection. Common sense tells us to wash our hands when they are visibly soiled. We should also wash our hands:
 - a. After coughing, sneezing, or blowing the nose.
 - b. After using the restroom.
 - c. Before and after treating someone who is sick.
 - d. After touching any bare, human body parts other than clean hands.
 - e. After engaging in any activity that contaminates the hands.
5. **Nametag:** We will provide a nametag for you to wear while volunteering at Mountain Town Rehab. You must wear your nametag while you are in the clinic. A basket is located in the laundry room for nametags to be left on the premises.
6. **Interaction:** We hope this experience is beneficial to you. We encourage you to ask questions and interact with the Mountain Town Rehab team. Please consider that at times it is inappropriate to ask questions while a patient is present.
7. **Letters of Recommendation/Verification of Hours:** If you plan to request a letter of recommendation or a verification of hours, it is important that you inform the therapist that you are observing that you will be contacting them in the future.
8. **Parking:** Please prioritize parking spaces that are close to our building for patients.
8. **Please print and fill out the second page of this document.** This includes our confidentiality agreement which you must read, sign, and present on your first scheduled observation time



MOUNTAIN TOWN REHAB

Your Choice For Personal, Quality Care

Name: _____ Date: _____

Local Address: _____

Cell Phone: _____ Email: _____

Reason for Volunteering: _____

Emergency Contact Person: _____

Relationship: _____ Phone: _____

Mountain Town Rehab Confidentiality Policy

This policy of confidentiality pertains to all volunteers/students who participate in a learning experience which may bring them into contact with sensitive information that **cannot** be shared outside of this clinic. The following points must be observed:

1. The primary obligation of the volunteer/student is to respect the confidentiality regulations of the business entity in which they are observing.
2. Any information shared with the volunteer/student is to be kept strictly confidential. This includes the identity of patients.
3. Should confidential information (either verbal or written) be overheard or observed (deliberately or inadvertently by the volunteer/student), it becomes their duty and responsibility to **keep that information in strictest confidence.**
4. This policy of confidentiality must be adhered to regardless of the duration of the experience.

By signing this confidentiality statement, I am signifying that I have read it, or have had it read to me, that I understand its content, and am fully aware of the serious nature of violating the terms contained in it.

Volunteer/Student Signature

Date

Witness Signature

Date