



PHYSICAL THERAPY
Sports & Wellness

1602 Aquarena Springs Dr. Suite 101, San Marcos, TX
512-667-9479 StrivePhysicalTherapyTX@gmail.com

Support Team Application

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Current degree plan: _____ Anticipated Grad. Date: _____

Present Occupation: _____

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

Availability: (please list available times under the dates you are available

Semester: _____ Start Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Comments: _____				

-For preferred placement we recommend that volunteers be available a minimum of two half days a week.

Skills or special areas of interest: _____

Do you hold any current professional or technical licenses or certifications? _____

If yes, please list: _____

Personal Reference: _____ Phone: _____

Volunteer Experience (Last 5 years): Begin with your most recent experience

Organization	Description of services rendered	Program sponsor contact information	Dates of service

Have you ever been asked not to return to voluntary service by any organization?

Yes__No__

If yes please explain: _____

Have you ever pled guilty to, been convicted of, or received deferred adjudication, pretrial diversion or probation for any crime (misdemeanors and felonies), other than minor traffic violations? Yes_____ No_____

If yes, please list all criminal offenses, dates, courts, and dispositions.

I, _____, authorize Strive Physical Therapy Sports & Wellness to run a background check, if needed, for the purpose of evaluating if I am qualified for the position in which I am applying.

Support Team Objectives and Expectations (will include, but not limited to):

- *Have a friendly and professional demeanor
- *Be courteous and respectful of patients and staff
- *Have a positive attitude and have an interest in learning new skills
- *Greet, escort, and assist patients to and from the clinic floor
- *Prepare area and or equipment for patient treatment.
- *Assist therapist with patient exercise activities
- *Help keep the clinic area clean, orderly, and safe
- *Food is not allowed on the clinic floor
- * All drinks must have a closed container/lid
- *Dress and present oneself in a professional and respectful manner
- **Please wear khaki pants or dress slacks, athletic shoes and a polo style shirt****
- **Cell phones are not allowed on the clinic floor****

By signing below I understand and am capable of adhering to the volunteer job description requirements. I also understand that opportunities for voluntary service are provided by Strive Physical Therapy Sports & Wellness without regard to race, color, religion, creed, national origin, age, or sex. I give Strive Physical Therapy Sports & Wellness the right to copyright, use, photograph and distribute any material written or produced during my volunteer service for educational or publicity purposes. I wish to Volunteer my services to Strive Physical Therapy Sports & Wellness and am aware that I will not be compensated for any services I perform as a volunteer.

Support Team Signature

Date

Support Team Services
CONFIDENTIALITY AND SECURITY AGREEMENT

As a student or volunteer at Strive Physical Therapy Sports & Wellness you may have access to confidential information including patient, financial or business information obtained through your association with Strive Physical Therapy Sports & Wellness. The purpose of this agreement is to help you understand your personal obligation regarding confidential information. Signed acknowledgement of this form is required prior to access to confidential information.

Confidential information is valuable and sensitive and is protected by law and by strict Strive Physical Therapy Sports & Wellness policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires protection of confidential information contained within a healthcare information system. Inappropriate disclosure of patient data may result in the imposition of fines and imprisonment.

Accordingly, as a condition of and in consideration of my access to confidential information, I acknowledge and agree that:

1. I will not access confidential information for which I have no legitimate need to know and for which I am not an authorized user. This includes accessing my own medical or other confidential information without proper access permission.
2. I will not in any way divulge, copy, release, remove, sell, loan, review, alter or destroy any confidential information unless expressly permitted by existing policy except as properly approved in writing by an authorized officer of Strive Physical Therapy Sports & Wellness within the scope of my association with Strive Physical Therapy Sports & Wellness.
3. If I observe or have knowledge of unauthorized access or divulgence of confidential information I will report it immediately to my supervisor, management information services (MIS) help desk, or the Corporate Privacy Officer.
4. I will not seek personal benefit or permit others to benefit personally by any confidential information that I may have access to or that I access as an unauthorized user.
5. I agree to abide by all Strive Physical Therapy Sports & Wellness rules and regulations as specified in Strive Physical Therapy Sports & Wellness policies and procedures.
6. I understand that my failure to comply with this agreement may result in corrective action which might include, by is not limited to, termination of volunteer and/or student status within Strive Physical Therapy Sports & Wellness as well as potential civil or criminal penalties.

By signing this agreement, I acknowledge that Strive Physical Therapy Sports & Wellness has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure of information can result in penalties up to and including termination of volunteer and or students statutes within Strive Physical Therapy Sports & Wellness or legal action.

Signature

Date

Full Printed Name