New Aides

Name ________________________________

Phone Number __________________________

Email Address __________________________

Semester/Year in school __________________

Current Semester you are volunteering for __________________________

Day of week and time of Shift(s) signed up for __________________________

THESE ITEMS MUST BE COMPLETED PRIOR TO YOUR FIRST SHIFT

☐ Sign-up for an open time slot on the Sports and Ortho (S&O) schedule or Neurologic and Older Adult (NOA) schedule

☐ Watch Preliminary Training Document on computer and complete quiz. Write answers down on attached document

☐ Complete HIPAA violations activity on attached document

☐ Obtain handout on dress code and attendance policy. THIS IS YOURS TO KEEP, PLEASE REFER TO IT AS NEEDED!

☐ Have your picture taken by the front desk staff and ask for a nametag to be created

☐ Have another aide train you to measure BMI, waist circumference and vitals skills

☐ Obtain a time card and learn how to sign in/out

☐ Sign up for an orientation session at the front desk

Your Initials   Staff Initials

ORIENTATION BE COMPLETED WITHIN THE FIRST TWO WEEKS OF WORK

☐ Complete Orientation with Clinic Staff regarding clinic policy and procedure

Your Initials   Staff Initials

I, ________________________________ agree to adhere to the explained policy and procedures regarding confidentiality, dress code and performance in the clinic and understand that failure to follow the outlined regulations may result in termination of my role as an aide in the UDPT clinic.

Signature __________________________ Date __________________________

Clinician/Staff Member Signature ________________________________