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Newark, Delaware 19716
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Delaware Physical Therapy Clinic

Returning Aides

Please be sure to complete the following items when you sign up for your shift(s). Thank you!

- ☐ Fill out your contact information
  - 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_____
- ☐ Sign up for an open shift in Sports & Orthopedic (S&O) or Neurologic & Older Adult Clinic (NOA)
- ☐ Locate your name tag and obtain a new time card
- ☐ Obtain packet on dress code and attendance policy. THIS IS YOURS TO KEEP, PLEASE REFER TO IT AS NEEDED!

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_____ Date _____