



CAROLINA
THERAPY CONNECTION

"Informing families, enriching lives, changing futures"

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Volunteer/Shadowing Guidelines and Policies

You are expected to read the following policies carefully and thoroughly.

● CONFIDENTIALITY

- The parents and family have a legal right to **privacy** concerning their medical records. It is an obligation of Carolina Therapy Connection to uphold this right.
- Volunteers are not allowed access to patient charts or any other confidential patient information.
- In addition: names, diagnoses and any other identifying information should not be used in front of any other client or family member, inside or outside of Carolina Therapy Connection.
- Conversations with therapists and other Carolina Therapy Connection employees should remain professional and objective and should be limited to relevant information regarding the child's care.

Initial

● SAFETY

- The safety of each child is of utmost concern. While Carolina Therapy Connection's clinic is child friendly, we use lots of suspended equipment that requires one on one supervision.
- Many of the children have poor balance, visual awareness, and motor planning, which can cause them to trip and fall more easily if equipment or materials are left out of place or on the floor.
- Please check with the therapist to ensure they are finished with toys or equipment, then assist by cleaning up.

Initial

● DRESS CODE

- Please use good judgment in choosing clothes that are presentable, conservative, and cover bare skin.
- No hats, baggy or sagging pants, sunglasses, hoodies, ripped jeans, no shirts with printed logos, sweatpants/athletic wear, or shorts above the knee.
- Therapy activities often require reaching up, bending over, and lying on the ground, so wear things that are comfortable but professional.
- Avoid top/bottom combinations that gap in the back when bending or reaching.
- Please avoid wearing long, dangling necklaces or earrings that may get caught in therapy equipment or grabbed by a child.
- Many of the children that we work with are very sensitive to smells. Please do not wear perfume/cologne and avoid other scented products.

Initial

- FACE TO FACE CONTACT

- Volunteers/Observers may not be able to observe each therapy session unless in the observation room, due to the comfort levels of children and families, and the treating therapist. Please check with the therapist before joining in on a session.
- In addition, families must give their permission for a volunteer to observe.
- During a treatment session, you may also be asked to gather play materials or help maintain safety of the child or therapist. Let a staff member know if you are unable to lift a child or equipment due to your own needs or limitations.

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- BOUNDARIES

- **Please turn off cell phones** or leave them in an area that is not being used for therapy.
- Please keep in mind that your role here is to observe and to assist, not to get overly involved in a treatment session.
- Make sure that your presence or interactions don't detract from the therapeutic goal. While we maintain a fun, easy-going atmosphere, it's important to remember that the play the children are doing is actually purposeful "work".
- The therapist may or may not include you in the session but be sure to ask before getting involved.
- Please refrain from chatting with the other volunteers or employees if it interferes, distracts, or takes away from the care of a child or family.
- Please follow therapists' directions during sessions and be ready to help if asked.
- Volunteers should maintain good boundaries with the families we serve and monitor the amount of information they disclose.
- Please do not share inappropriate personal information and respect other beliefs even if they do not agree with your own.

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- INDEPENDENCE AND DEPENDABILITY (ATTENDANCE)

- It is extremely helpful for volunteers to be independent in seeking out activities with which they can assist.
- Take initiative to help with clean up during and after therapy sessions.
- Volunteers should also check in with therapists to see if they need help with a special project.
- Please respond promptly and dependably.
- Volunteers are responsible for maintaining a log of their own hours and are responsible for asking therapists to complete performance reviews as needed for school requirements. Please make sure documentation is filled out in a timely matter.

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- COMMUNICATION AND CONCERNS

- Carolina Therapy Connection is a family centered agency. We provide a safe place for families to bring their children and their concerns. Please approach all families in a friendly, welcoming manner. Our goal is to provide a gentle, nurturing, and safe environment for **ALL** children as well.
- If a parent asks you a question, please refer them to the proper therapist for clarification.

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● CLEANING/CLERICAL TASKS

- Part of your volunteer duties will include sterilizing toys, wiping down equipment, organizing clinic materials, refilling disposable supplies such as gum, balloons, and paper products, and washing the laundry. Please feel free to ask for assistance if needed.
- *PLEASE NOTE: Any object that goes in a child's mouth must be sterilized.*
- **If in doubt, wash it out!**

Initial

● PHYSICAL DEMAND

- Some tasks we may ask you to do around the clinic may involve frequent lifting or carrying of objects weighing up to 25 pounds.
- Please let the office staff know if this is not something you feel comfortable with and we will be able to find other tasks for you to do around the clinic.

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● OBSERVING

- Please make sure you introduce yourself and your role to the therapists and other employees.
- Please ask the therapists before sitting in on therapy sessions.

Initial

● AFTER VOLUNTEERING

- You are responsible for keeping track of your own hours and totaling them at the end of your volunteer period.
- Please bring any necessary forms to be signed on your last day of your volunteer experience.
- It is your responsibility to make arrangements for any recommendation letters needed before your volunteer experience is complete. We have the right to decline any requests for reasons we see appropriate.

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At any time, we reserve the right to discontinue your volunteer experience for any reason.

PRINT NAME

VOLUNTEER SIGNATURE

OFFICE DIRECTOR

____/____/____
DATE