

Student Observer Agreement

IF ACCEPTED AS A STUDENT OBSERVER, I AGREE THAT:

1. My services are donated to Advent Physical Therapy without contemplation of compensation or future employment, and I will not be covered by Advent Physical Therapy (APT) for workers compensation or unemployment as a result of my services.
2. I shall hold as absolutely confidential all information I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from or about the patient. (See Confidentiality Agreement)
3. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on APT premises. In addition, I shall not solicit business for attorneys, insurance companies or act as an agent for an attorney in the solicitation of business. I shall report all known occurrences or solicitations to the Corporate Compliance Officer.
4. I shall submit to examinations, which may include chest X-rays, TB test, appropriate laboratory tests and / or immunizations that may be necessary or part of my observation time. I hereby authorize my doctor(s) to furnish APT information concerning my health. I also authorize the person(s) making the examinations to report the results to APT.
5. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional, in quality consistent with the standards set by APT.
6. I shall attempt to resolve any problems or concerns related to my observational activities with the site manager, and/or Operations and HR Supervisor.
7. I understand that student observation is defined as any hours less than 16 hours in a calendar year; and as a student observer, I will not participate in patient therapy, just observe.
8. I shall at all times uphold the philosophy, standards and policies of APT.
9. I understand that APT reserves the right to terminate my observation status as a result of:
(a) failure to comply with APT policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory behavior, or work appearance; (d) any other circumstances which, in the judgment of APT and / or department liaison, would make my continued service as a volunteer contrary to the best interests of APT.

I have read each of the above conditions and I agree to be bound by them.

Signature: _____

Date: _____

Guardian: _____

Date: _____

(if volunteer is under 18 years of age)