



Volunteer Service and Facilities Use Agreement for Student-Led Physical Therapy Pro Bono Clinic

Volunteer Information	
Name:	Date of Birth:
Phone Number:	Email:
Start Date to End Date (not to exceed 1 yr):	Location (check one): <input type="checkbox"/> Meridian <input type="checkbox"/> Pocatello

Description of Volunteer Services & Facilities Use: The Idaho State University (ISU) Student-Led Physical Therapy Pro Bono Club and The ISU Physical Therapy Department are working together to provide Pro Bono physical therapy services to members of the community who are in financial need. These services shall be provided through the Student-Led Physical Therapy Pro Bono Clinic. The services provided in the Pro Bono Clinic shall be provided by a licensed physical therapist in the State of Idaho or by ISU Physical Therapy Students under the supervision of a licensed physical therapist. The services provided through the Pro Bono Clinic will include all the aspects of standard care for each patient, including the following: examination, evaluation, assessment, re-assessment, physical therapy diagnosis, prognosis, intervention, documentation, establishing a plan of care, and discharge planning.

Please Initial ONE of the following statements:

_____ I understand and agree that while volunteering as a **physical therapist** at the Student-Led Physical Therapy Pro Bono Clinic that I carry an active physical therapy license that is in good standing with the Idaho Physical Therapy Board. I agree that the physical therapy services I will provide in the clinic are in line with the licensure board and that I will abide by the state practice act as well as Idaho State University policies. I agree to supervise no more than two student volunteers at one time.

_____ I understand and agree that while volunteering as a **student physical therapist** at the Student-Led Physical Therapy Pro Bono Clinic that I will work directly under a licensed physical therapist who maintains an active license in the state of Idaho at all times. I agree to abide by all state board practice act regulations and Idaho State University policies while volunteering in the clinic. I agree to provide service to clients only as directed by a licensed physical therapist.

**Thank you for volunteering with Idaho State University.
Please affirm your acceptance of the following terms with your signature below.**

1. I understand the requirements for performing the above volunteer services and certify that I know of no condition or limitation that may adversely affect my ability to perform the services.
2. I understand that ISU is granting the Student-Led Physical Therapy Pro Bono Clinic and its volunteers a non-exclusive right to access and use the Premises for the limited purpose as described above. I understand and agree that I will only use the facilities as a volunteer for the intended purposes as described in this Agreement.
3. I am NOT an employee of Idaho State University and have volunteered to perform services without compensation.
4. I understand that as a volunteer I must abide by all rules, regulations, policies, procedures, practices and instructions of Idaho State University and to use reasonable care in all that I do.
5. I understand I must respect the highest level of privacy for all members of the university community and participants in university programs, including members of the public.

6. I understand I do not have a formal work appointment for these particular services and Idaho State University may terminate my appointment as a volunteer at any time.
7. I understand that while acting within the course and scope of this Agreement, I am covered under the provisions of: A) The Idaho Tort Claims Act, which protects volunteers from liability for bodily injury or property damage to others while I am acting within the course and scope of their duties (unless the act is committed with criminal or malicious intent), and; B) ISU's Workers' Compensation Policy, which provides compensation for an injury sustained in the course and scope of volunteer services provided under this Agreement.
8. For the avoidance of doubt, I understand that while acting outside the course and scope of this Agreement I am not covered under the provisions of section 7 of this Agreement.
9. I understand that a requirement of my volunteer service with the Student-Led Pro Bono Physical Therapy Clinic is following the rules and procedures outlined in the **"POCATELLO PRO BONO PHYSICAL THERAPY CLINIC STUDENT VOLUNTEER HANDBOOK & STUDENT BOARD TRAINING MANUAL"**. By signing below I affirm that I have read and will abide by this handbook.
10. I understand that a requirement of my volunteer service with the Student-Led Pro Bono Physical Therapy Clinic is complying with the "Memorandum of Understanding (MOU) Between Idaho State University's Physical Therapy Department and Student-Led Physical Therapy Pro Bono Club". By signing below I affirm that I have read and will abide by this MOU.
11. I understand that the day-to-day operation, use, and management of the Premises remain the responsibility and function of ISU and its staff. ISU reserves the right to make final decisions relating to the use of the Premises and its equipment, furnishings, and fixtures. Furthermore, should the Student-Led Physical Therapy Pro Bono Clinic's use prove disruptive to the operations and functions of ISU, the Student-Led Physical Therapy Pro Bono Clinic and all volunteers, upon notification by ISU, shall immediately cease operations until such time that the Student-Led Physical Therapy Pro Bono Clinic and all volunteers are able to satisfactorily demonstrate to ISU that it can proceed in a manner that is not disruptive to ISU.

I am aware of and agree to the terms and conditions of this Volunteer Services Agreement.

<i>Volunteer Printed Name</i>	<i>Volunteer Signature</i>	<i>Date</i>
-------------------------------	----------------------------	-------------

<i>Name of Emergency Contact</i>	<i>Relationship</i>	<i>Phone Number</i>
----------------------------------	---------------------	---------------------

<i>Name and Title of ISU PT Department Liason</i>	<i>Signature</i>	<i>Date</i>
---	------------------	-------------

<i>Name of ISU Signature Authority</i>	<i>Signature</i>	<i>Date</i>
--	------------------	-------------

This Agreement must be completed prior to volunteer work beginning and is invalid unless signed by all parties.