

Rehab Connection Volunteer Information Page

Name: _____

DOB: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Email: _____

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Emergency Contact Info:

Name: _____

Relationship: _____

Emergency Contact Cell: _____

Insurance Provider: _____

Insurance ID: _____

Preferred Hospital: _____

Physician: _____

Physician's Phone: _____

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School Attending: _____

Graduation Year: _____

- copy of driver's license
- review dress policy
- review sign in procedures
- intro to staff
- orientation to facility
- copy of exercise sheets
- review of responsibilities
- HIPPA