



# Volunteerism

— AT SOUTHWEST HEALTH —

*Make Your Mark*

**DEPARTMENT:** Epione Pavilion Activity Department

**JOB TITLE:** Manicurist Volunteer

**REPORTS TO:** Epione Pavilion Activity Department

## **ROLE SUMMARY:**

The Manicurist volunteer is responsible for assisting the Epione Pavilion Activity Department by providing nail polishing for residents of Epione Pavilion.

## **JOB QUALIFICATIONS:**

- A. Communicates well with clients.
- B. Graduated from or still in the process of completing Cosmetology School. (not required)
- C. State licensed manicurist. (not required)

## **ESSENTIAL FUNCTIONS:**

When interacting with employees, other volunteers, patients and the general public, portrays a professional, confidential, honest, fair, and respectful manner.

Cleans and sanitizes work environment.

Removes previously applied nail polish, using remover pads and swabs.

Applies undercoat and clear or colored polish onto nails with brush.

Communicates well with residents and enjoys manicures.

Schedules appointments for residents to receive manicure.

Transports patients to and from manicure area.

## **PHYSICAL REQUIREMENTS:**

### **Continuous Demands (61%-100% of the time)**

- Simultaneous use of hand, wrist, and fingers
- Use of oral communication to perform work
- Sitting for extended periods

*With us, it's always personal*



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- Walking with patients to and from rooms
- Pushing/lifting 30+ pounds

## **Frequent Demands (31%-60% of the time)**

- Bending over to perform certain duties
- Requirements for far acuity, sharpness of vision and distinguishing colors

## **Occasional Demands (1%-30% of the time)**

- Standing, bending, climbing and crawling

## **ENVIRONMENTAL CONDITIONS:**

- Exposure to noise, dirt/dust, nail polish fumes, and nail polish remover fumes

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties, and skills required for personnel so classified.

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Volunteer Name

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Volunteer Signature

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Date

**\*\*\*Activities are based on resident's preferences, needs and abilities\*\*\***



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