

Interfaith Dental Clinic Volunteer Information

Please update two times per year or as contact info changes

Date: _____

Name: _____ Date of Birth: _____

Home Address: _____ City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Preferred method of contact: _____

If currently employed, please list the name of your employer, job title and work information:

Employer: _____ Title: _____

Work Address: _____ City, State, Zip: _____

Work Phone: _____

If currently in school, please list the name of your school, the highest year completed and major:

School: _____ Anticipated Grad Date: _____

Concentration/Major/Program of Study: _____

Please list your most available days/times to volunteer: _____

I would like to volunteer: _____ times/month, or _____ times/quarter, other: _____

Will you be on our ASAP list if someone cancels or an employee is sick? Y N

What volunteer role / opportunity interests you most?

Dental Assistant * Dental Hygienist* General Dentist* Dental Specialist *

**Must be licensed in the State of Tennessee in order to be accepted as a dental provider volunteer.*

TN License #: _____ Any Additional CE Certifications: _____

Non-licensed Dental Clerk / Clinic Observer Student Internship/Externship

Special Events Administrative Front Office

Other: _____

Special skills, talents, languages spoken: _____

Personal Information

Why are you interested in volunteering for Interfaith Dental Clinic? _____

How did you hear about us? _____

Please list any community groups or professional organizations/study clubs that you are a part of:

Please share a little bit about yourself (family, hobbies, personal interests, etc.)?

What church / house of worship do you attend? _____

Emergency Contact Information

Emergency Contact Name and Relationship: _____

Emergency Contact Phone(s): _____

Primary Care Physician / Phone Number: _____

Preferred Hospital: _____

Are you allergic to any medications? Y N Please list: _____

Are you currently taking any medications? Y N Please list: _____

Do you have any other pertinent health history? Y N Please list: _____

Have you received the Hepatitis B Vaccination (**Mandatory**)? Y N _____ Initials

Interfaith Dental Clinic's Patient Information Privacy Policy

It is the policy of our practice that:

- Employees / Volunteers may not discuss or share protected patient data outside the office
- Employees / Volunteers may not discuss any patient information with other patients
- Employees / Volunteers must not leave patient records unattended in public areas of the office
- Employees / Volunteers may only access patient records for which they have a legitimate, assigned business need

Violation of these policies can carry serious consequences for the practice. Disciplinary actions for anyone violating this policy may include termination as a volunteer.

I have read and understand Interfaith Dental Clinic's Patient Information Privacy Policy.

Volunteer's Signature

Date