



VOLUNTEER DENTAL APPLICATION

Today's Date: _____

VOLUNTEER:

Full Legal Name _____
(Last) (First) (Middle initial)

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Date of Birth: _____ Address: _____
(Street) (City) (Zip code)

E-mail address: _____ What is the best way to contact you? _____

To the best of your knowledge are you related to a patient at the Albrecht Free Clinic? _____ (Y/N)

Are you available to be on-call? _____ (Y/N) Could we further discuss with you _____ (Y/N)

PROFESSIONAL AND COMMUNITY EXPERIENCE:

Are you presently (mark all that apply): Employed Retired

Previous Volunteer Dental experience _____

Currently in Practice /Location _____

Professional Capacity _____

Other pertinent information _____

AREAS OF VOLUNTEER INTEREST:

Please let us know which area(s) you would like to volunteer in. You may check more than one:

Dental

Dental Services Offered at Albrecht
Please select those you are willing to perform:

Dentist

Hygienist

Dental Assistant

Dentist

- Exams
- Restorative
- Routine Extractions
- Surgical Extractions

Hygiene

- Routine Cleaning
- Sealants
- Gross debridement/limited perio

PROFESSIONAL LICENSE:

Please include any type of professional license(s) you may have obtained in your career field, and would like to utilize in your volunteer experience.

Type of license: _____ Expiration Date: _____

Skills (areas of expertise): _____

AVAILABILITY:

The Albrecht Free Clinic offers volunteer opportunities Monday – Friday. We will consider weekend hours if that best meets your need and available to volunteer.

Please indicate the days and time you are available to help:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mornings					
Afternoons					
Evenings					

Weekly Monthly Other: _____

Would you be interested in participating in our voucher program? ____ Y/N

REFERENCES: Please list two individuals (other than relatives) who can tell us about your professional and community experience(s).

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

HEALTH:

Are there any accommodations we need to make to facilitate your participation? _____

Are you free of communicable disease? _____

Rubella Test date _____ MMR Test date _____ Tetanus test date _____

Hepatitis B test date _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____

Background Check:

Have you ever been convicted of a felony or misdemeanor or have any charges pending against you? yes no

Have you ever paid a civil fine or forfeiture for a non - traffic related offense? yes no

If yes, please provide us with an explanation of the offense(s), and the date(s) in which it/they occurred. No applicant will be denied a volunteer position because of a conviction for an offense, a pending criminal charge, or payment of a civil forfeiture or fine which the Albrecht Free Clinic determined is not substantially related to the circumstances of the volunteer position sought. Please use a separate sheet of paper if necessary.

Note: Albrecht Free Clinic reserves the right to complete full background checks

I certify my answers to be true and complete

Signature: _____ Date: _____