



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

- [] Dentist
[] Hygienist
[] Dental Assistant

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

[]

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 _____

Have you received the COVID Vaccine? yes no

Please note that the Albrecht Free Clinic follows the guidance of local healthcare providers. Currently all volunteers should be vaccinated and masked to be inside the clinic.

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: _____