



Interfaith Dental Clinic

In-House Dentist Volunteer Information

Clinic Location (check): Nashville _____ Rutherford County _____ Date: _____

Name: _____ Date of Birth: _____

Home Address: _____ City, State, Zip: _____

Cell Phone: _____ Email: _____

Work Address: _____ City, State, Zip: _____

Work Phone: _____ Work Email: _____

Please list your available days/times to volunteer: _____

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

So that we may schedule patients for you according to your procedural preferences:

Adult Patients:

Yes

No

Youth/Child Patients:

Yes

No

Restorations:

Yes

No

Crown & Bridge:

Yes

No

Extractions (Simple, unless OMS Specialist):

Yes

No

Dentures/Partials:

Yes

No

Anterior & Premolar Root Canals:

Yes

No

Molar Root Canals:

Yes

No

Are you left-handed? Yes No

Other procedure preference notes: _____

Personal Information

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: _____ Relationship: _____

Emergency Contact Phone(s): _____

Hold Harmless

I, _____, shall fully defend, indemnify, and hold harmless Interfaith Dental Clinic from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever (including without limitation all claims for monetary loss, property damage, equitable relief, personal injury), whether brought/caused by an individual, employee, officer, agents, contractors, invitees or other volunteers. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorneys fees and related costs or expenses, and any reimbursements to Interfaith Dental Clinic for all legal fees, expenses and costs incurred by it.

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 agree to Interfaith Dental Clinic's Hold Harmless and Information Privacy Policies.

Volunteer's Signature

Date

1721 Patterson Street - Nashville, TN - 37203 - 615.329.4790

Fax this form to 615.320.0613 or email to kristin@interfaithdentalclinic.com

230 Robert Rose Drive, 2nd Floor - Murfreesboro, TN - 37129 - 615.225.4141

Fax this form to 615.225.4151 or email to mrussell@interfaithdentalclinic.com