



Interfaith Dental Clinic Volunteer Application

Submission instructions at the end of this form

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

Name: _____ Date of Birth: _____

Home Address: _____ City, State, Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Title: _____

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 available days/times to volunteer: _____

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

What volunteer role / opportunity interests you (check all that apply):

___ Registered Dental Assistant * ___ Registered Dental Hygienist*
***Must be licensed in Tennessee in order to be accepted as a dental provider volunteer.**

___ Non-licensed Clinic Observer** ___ Student Internship/Externship** ___ Front Office
****Must submit proof of current Hepatitis B vaccination**

___ Special Events ___ Administrative/Fundraising ___ Facilities/Maintenance

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 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 Information Privacy Policy

It is the policy of our practice that:

- Employees / Volunteers may not discuss or share protected patient and donor data outside the office
- Employees / Volunteers may not discuss any patient and donor information with other patients
- Employees / Volunteers must not leave patient or donor records unattended in public areas of the office
- Employees / Volunteers may only access patient or donor 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