

Please complete pages 1 and 2 in their entirety.
*Indicates required field

VOLUNTEER INFORMATION		
LAST NAME*	FIRST NAME*	PROFESSIONAL DESIGNATION
HOME ADDRESS*		CITY, STATE, ZIP
EMPLOYER/DENTAL OFFICE NAME		
PERSONAL EMAIL ADDRESS*		
WORK EMAIL ADDRESS		
PREFERRED EMAIL ADDRESS* () PERSONAL OR () WORK		
MOBILE PHONE	HOME PHONE	WORK PHONE
PREFERRED PHONE* () MOBILE () HOME OR () WORK		
EMERGENCY CONTACT NAME AND PHONE NUMBER*		

CLINICAL VOLUNTEERS ONLY			
DENTAL OFFICE NAME*		OFFICE PHONE*	
DENTAL OFFICE ADDRESS*		CITY, STATE, ZIP*	
DENTAL OFFICE KIDSMILES COORDINATOR NAME (IF APPLICABLE)			
REQUIRED DOCUMENTATION:	Dentists: <ul style="list-style-type: none"> • Hepatitis B Vaccinations • CPR Certification with Expiration Date • Ohio Dental License with Expiration Date • Malpractice Insurance with Expiration Date 	Dental Hygienists: <ul style="list-style-type: none"> • Hepatitis B Vaccinations • CPR Certification with Expiration Date • Ohio Dental Hygienist License with Expiration Date • Ohio Permissible Practices 	Dental Assistants/EFDAs: <ul style="list-style-type: none"> • Hepatitis B Vaccinations • CPR Certification with Expiration Date • Radiographer Certificate Dental Students: <ul style="list-style-type: none"> • Hepatitis B Vaccinations • OSHA Bloodborne Pathogens Training

Confidentiality

Respecting the privacy of our clients, donors, board members, staff and volunteers is a core value of KidSMILES. Personal, medical and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the Executive Director. Care should also be taken to ensure that unauthorized individuals do not overhear any discussions of confidential information and that documents containing confidential information are not left in the open or inadvertently shared. Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline.

I have read and will adhere to HIPPA guidelines.

Volunteer Initials_____

Policies

I understand and will follow the following guidelines and regulations set forth by KidSMILES Pediatric Dental Clinic including but not limited to the following:

- Do not use KidSMILES computers to access information for any other reason than to perform the job.
- Maintain KidSMILES' latex-free environment—do not use latex gloves, tubing or bring items such as balloons or latex toys to the clinic.
- Never take a child to the bathroom or the break room for any reason. Maintain two-deep adult supervision at all times. (Children are to be under the supervision of their parent/guardian at the clinic).
- Never transport a child.
- Treat all patients and families with respect regardless of religious differences, language barriers, etc.
- Maintain a professional image by dressing appropriately for the volunteer activity. Dental professionals should wear attire typically worn at a dental office.
- Cancel a volunteer shift at least 48 hours in advance whenever possible.
- Clinical volunteers only: review and adhere to KidSMILES policies and procedures document.

Volunteer Initials_____

Photo Consent and Release

- I give consent to the use of my words and story, photographs, video footage and/or audio clips by KidSMILES Pediatric Dental Clinic, and further consent to the reproduction, use and distribution of the photos, video footage, audio clips, proofs and negatives without compensation.
- I release KidSMILES, its agents, volunteers, employees and assignees to and from any and all claims by reason of the use of said photos, video footage, audio clips, proofs, negatives and any and all reproductions and distributions thereof.

Volunteer Initials_____

SIGNATURE	
Volunteer Signature:	
Volunteer Printed Name:	Date:

Preferred Volunteer Activities:

- | | |
|---|--|
| <input type="checkbox"/> KidSMILES Clinic--DDS, RDH, DA, EFDA
<input type="checkbox"/> KidSMILES Clinic--Administrative
<input type="checkbox"/> Educational Outreach | <input type="checkbox"/> Fundraising/Special Events
<input type="checkbox"/> Dental Supply Bag Stuffers |
|---|--|

KidSMILES will perform a background check on all volunteers.