



St. Raphael's Dental Clinic

Certified Dental Assistant Volunteer Application

We are excited that you have expressed interest in joining the Volunteer Team at St. Mary's Dining Room. We rely on volunteers like YOU to help provide compassionate, free medical and dental care to the individuals and families experiencing homelessness and poverty in San Joaquin County.

We trust your volunteer experience will be a positive one!

What prompted you to consider volunteering?

NOTICE If you need to complete community service hours for school/academic requirements, court, work, or any other reason, please contact Georgie Nguyen at (209) 467-0703 to learn more about our **Community Service (CS) Program**. Do not submit a volunteer application.

- YES, I need to complete mandated community service hours.** Please contact Georgie, you must enroll into a different program called Community Service (CS) Program.
- NO, I do not need my hours tracked/verified and signed off.** I understand that volunteer hours are not tracked/verified and cannot be signed off by St. Mary's Dining Room.

OTHER

- Recruited by a peer: _____
- Support community need
- Professional networking
- Rewarding experience

Volunteer Dental Assistant (DA) Disclosure Agreement

Our dental clinic does not provide dental training and/or offer experiential learning to volunteers.

1. DA volunteers must be able to independently perform and meet all the universal precautions and procedures of dental assistants listed below (DENTAL ASSISTANT (DA) BPC, SECTION 1750.01
2. If the volunteer is unable to proficiently perform these procedures, he/she will be dismissed
3. Upon completion and approval of the volunteer application, a *Comprehensive Dental Assessment* will be scheduled.

Notice: This volunteer opportunity is not guaranteed.

We will be selecting the most suitable volunteers for our dental clinic.

DENTAL ASSISTANT (DA) BPC, SECTION 1750.01

Your initials indicate that you understand and are competently able to perform independently the procedures listed below.

INITIALS

Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750 _____

Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656 _____

Perform intraoral and extraoral photography _____

Apply nonaerosol and noncaustic topical agents _____

Apply topical fluoride under the general direction of a licensed dentist or physician _____

Take intraoral impressions for all nonprosthodontic appliances _____

Remove sutures after inspection of the site by the dentist _____

Intraoral retraction and suctioning under the supervision of a registered dental hygienist in alternative practice _____

PRINT NAME

SIGNATURE

DATE

VOLUNTEER APPLICATION

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 HOME PHONE _____ MOBILE PHONE _____
 EMAIL ADDRESS _____
 D.O.B. _____ BILINGUAL Yes No LANGUAGE: _____

EMPLOYMENT STATUS

- This is my current employer
- This is my most recent employer

EMPLOYER _____ CONTACT # _____
 ADDRESS _____
 JOB TITLE _____ MAY WE CONTACT? YES NO

EMERGENCY CONTACT INFORMATION

CONTACT
 FIRST NAME _____ LAST NAME _____
 PHONE _____ RELATIONSHIP _____
 NUMBER _____

REFERENCES: Please list two professional references below.

FULL NAME _____ RELATIONSHIP _____
 COMPANY _____ CONTACT # _____
 ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
 COMPANY _____ CONTACT # _____
 ADDRESS _____

REQUIRED VOLUNTEER DOCUMENTS

Applications received with any of the missing required documents are considered incomplete and will not be processed. Please submit the required documents along with the completed application to the Administration Office: Monday - Friday, 8am - 4pm, (209) 467-0703, fax: (209) 467-7795 or email: volunteer@stmarysdiningroom.org.

VACCINATIONS - St. Mary's Dining Room strongly recommends volunteers to receive the seasonal influenza (flu vaccine) and Hepatitis B vaccine prior to volunteering on our campus.

REQUIRED DOCUMENTS

DATE SUBMITTED

(For Staff Use)

Copy of Identification

Driver's License/Government Issued ID

Copies of certificates:

Dental Assistant Completion

Dental Practice Act/HIPAA

OSHA Infection Control

Radiology

Malpractice Insurance

I acknowledge that St. Mary's Dining Room does not provide malpractice insurance. It is my responsibility to provide my own malpractice insurance if I choose to do so.

SIGNATURE _____

DATE _____

AVAILABILITY

___ Daily

___ Weekly

___ Monthly

Please check months and days. Indicate available session (AM/PM) and exact available times.

__ January

__ February

__ March

__ April

__ May

__ June

__ July

__ August

__ September

__ October

__ November

__ December

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM						
PM						

COMMENTS:

INFORMATION ON HEPATITIS B AND (HBV VACCINE)

St. Mary’s Dining Room strongly recommends volunteers in the healthcare industry to consider the Hepatitis B vaccine (HBV vaccine) prior to volunteering on our campus.

HEPATITIS B: According to the Centers for Disease Control and Prevention (CDC), Hepatitis B is a liver infection caused by the Hepatitis B virus (HBV). The Hepatitis B virus is transmitted when blood, semen, or another body fluid from a person infected with the virus enters the body of someone who is not infected. For some people, Hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Risk for chronic infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%–6% of adults. Chronic Hepatitis B can lead to serious health issues, like cirrhosis or liver cancer. The best way to prevent Hepatitis B is by getting vaccinated.

For more information, please visit: <https://www.cdc.gov/Hepatitis/hbv/index.htm>

THE HBV VACCINE: A high percentage of healthy people who receive three doses of this vaccine achieve high levels of surface antibody (**HBsAb**) and protection against Hepatitis B. Full immunization requires three doses of vaccine given over a six-month period. There is no evidence that the vaccine has ever caused Hepatitis B or AIDS (Acquired Immune Deficiency Syndrome). Individuals infected with HBV prior to receiving the vaccine may go on to develop clinical Hepatitis in spite of immunization. The duration of immunity is unknown at this time, but long-term protection is probable.

- ❖ I have read the above statement about Hepatitis B and the (HBV vaccine).
- ❖ I understand St. Mary's Dining Room strongly recommends all volunteers to be vaccinated due to the volunteer exposure to blood and/or other infectious materials. Volunteers may be at risk of acquiring Hepatitis B virus. I understand I must have all three (3) doses of vaccines to develop immunity. There is no guarantee that I will become immune.
- ❖ Please speak to your primary health care provider for more information on (HBV vaccine).

I have completed the HBV vaccination series. Completion Date: _____

I do not wish to take the HBV vaccination series at this time. Initials: _____
Must complete the *Informed Refusal for Hepatitis B Vaccination page.*

I have been diagnosed with Hepatitis B in the past. Date: _____

Print Name

Date

SIGNATURE

St. Mary's Dining Room
Informed Refusal for Hepatitis B Vaccination – Confidential

I, _____ am volunteering as _____.
(Print First & Last Name) (Volunteer Position)

St. Mary's Dining Room has provided me information regarding the Hepatitis B (HBV) and (HPV vaccine) and strongly recommends volunteers to be vaccinated. I understand that due to my volunteer exposure to blood and/or other potentially infectious materials, I may be at risk of acquiring the (HBV) infection. I have the option of being vaccinated for my own safety and health prior to volunteering at St. Mary's Dining Room.

However, I decline (HBV vaccine) at this time. I understand that by declining this vaccine I continue to be at risk of acquiring (HBV), a serious disease. St. Mary's Dining Room cannot be held responsible for any contracted diseases and/or health related issues throughout my volunteer experience.

Signature Date

Address

Maintain this record for duration of volunteerism plus 30 years.



St. Raphael's Dental Clinic
Volunteer Agreement

St. Mary's Dining Room strives to make the volunteer experience a positive one for all who generously donate their time to our agency's mission. In our efforts to maintain this level of care, it is important to follow general guidelines for the well-being of volunteers, staff, community members and clients.

As a volunteer at St. Mary's Dining Room St. Raphael's Dental Clinic I agree to:

- Volunteer license(s), certification(s) and malpractice insurance must always be renewed and up to date while participating on our campus.
- Report on time for the scheduled shift and sign-in/out in the volunteer log.
- Dress appropriately for each volunteer shift.
- Follow all clinic policies, safety procedures, instructions and assigned tasks.
- Front office volunteer cannot participate in the back office where the dental professionals and staff provide dental care/services.
- Notify the clinic manager as soon as possible of any cancellations or change to my volunteer schedule.
- Respect all St. Mary's Dining Room staff and fellow volunteers.
- Provide health care services with courtesy and respect to all patients and their family members.
- Volunteers have the right to work in an environment free from harassment. Should any issues arise please report to the appropriate supervisor immediately.

If at any time volunteer service is found to be unsatisfactory or if the provided services are no longer needed, the clinic reserves the right to dismiss volunteers.

Print Name
(First & Last Name)

Signature

Date



St. Raphael's Dental Clinic
Confidentiality Agreement

I, _____,
(Print First & Last Name)

understand that all information I am exposed to regarding patients, program participants, volunteers, family members of patients/volunteers, customers, and/or employees of the clinic, work place wellness, and their partners/collaborators may be governed or protected by Federal, State and/or local regulations and where privileged, is said to be held in the strictest confidence:

- No privileged information will be discussed with family, friends, or any other unauthorized person
- I may release only information that is duly authorized for release and for which I have training and authorization to release
- Unauthorized disclosure is cause for termination of volunteer services as well as possible civil and/or criminal sanctions

Furthermore, I hereby agree to:

- Release only that information that is duly authorized for release
- Resist any effort or request for information that is protected by relevant federal, state, and/or local regulations
- Not divulge, publish, or otherwise make know to unauthorized persons or the public any confidential information obtain in the course of my participation with clinic activities; institute or comply with appropriate procedures for safeguarding such information and will hold discussions only in place which assure privacy, and only on a need to know basis

Signature

Date

VOLUNTEER GUIDELINES

Please keep this page for your personal reference.

Schedule – Once approved, our dental clinic staff will contact volunteers to set up their schedule.

Volunteer Shifts – Volunteers are asked to arrive on time for their shifts. This is extremely important as it helps to keep the clinic running smoothly. Please call ahead to let the clinic manager know if you will be delayed. If you have volunteered for a shift and become ill, please let the clinic supervisor know as soon as possible so that a replacement volunteer can be found.

Dress Code – The dress code for the dental clinic is either lab coats or scrubs. Please refrain from the use of scented lotions, perfumes and acrylic – false nails. We do ask that volunteers wear close toed, non-slip shoes.

Equipment/Dispensary – No volunteers can access equipment, the dispensary and/or medications unless authorized by dental /medical SMDR staff only.

Parking – Parking is available in front of the dental clinic and at the gated lot across from the main entrance.

Phone Use – Please silence cell phones during clinic hours. Cellphone usage may only be used during break.

Professional Environment – Please help us maintain a professional environment in the clinic by presenting yourself in a professional manner when volunteering. In the clinic, physicians and providers appreciate a quiet space in which to consider their patient case while they make chart notes and referrals.

Personal Belongings – Please do not bring valuables or medications to the clinic during your shift. We do not have a place for storage. The clinic assumes no responsibility for lost or stolen valuables.

Issues/Concerns – Please report all issues and concerns to dental staff immediately.