



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Volunteer Start Date Available: _____

Volunteering at Goldie's Place

Please Tell us how you heard about Goldie's. What is your reason for volunteering? What do you seek to achieve through this experience.

Please indicate what services and specialties you are willing to offer at Goldie's Place Please also indicate how often you willing to volunteer and what days/times are best (check all that may apply).

Tell us in which areas you are interested in volunteering:

- | | | |
|---|---|---|
| <input type="checkbox"/> Licensed Dentist | <input type="checkbox"/> Licensed Dentist | <input type="checkbox"/> Dental Student |
| <input type="checkbox"/> Licensed Hygienist | <input type="checkbox"/> Licensed Hygienist | <input type="checkbox"/> Student Hygienist |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Pre-Dental Student |

Availability

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Monday mornings
(9 a.m. - 1 p.m.) | <input type="checkbox"/> Monday afternoons
(1 p.m.-5 p.m.) | <input type="checkbox"/> Tuesday mornings
(9 a.m. - 1 p.m.) | <input type="checkbox"/> Tuesday afternoons
(1 p.m.-5 p.m.) |
| <input type="checkbox"/> Wednesday morning
(9 a.m. - 1 p.m.) | <input type="checkbox"/> Wednesday afternoons
(1 p.m.-5 p.m.) | <input type="checkbox"/> Thursday mornings
(9 a.m. - 1 p.m.) | <input type="checkbox"/> Thursday afternoons
(1 p.m.-5 p.m.) |
| <input type="checkbox"/> Friday mornings
(9 a.m. - 1 p.m.) | <input type="checkbox"/> Friday afternoons
(1 p.m.-5 p.m.) | <input type="checkbox"/> Saturday mornings
(9 a.m. - 12 p.m.) | <input type="checkbox"/> Sunday mornings
(9 a.m. - 12 p.m.) |

Previous Volunteer Experience

Have you ever volunteered with Goldie's Place previously? YES NO
 If yes, when? _____

Please list your previous volunteer experience. (Organization name, your position, the duration of volunteering and the reason for leaving)

License and Certification

State License or Certification #: _____

State License or Certification Expiration Date: _____

DEA #: _____

DEA License Expiration: _____

DEA Schedule: ___ II ___ III ___ IV ___ V _____

Has ever your license been disciplined/suspended/fined? YES NO If yes, when and why?

Liability Insurance Coverage:

I have malpractice insurance which will cover services rendered at Goldie's place. I will attach a copy of my liability insurance to application forms.

I have no malpractice insurance.

Employment History (Past 5 years)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Emergency Contact

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Relationship: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Volunteers are expected to:

- Attend our volunteer orientation
- Provide valid photo State ID
- Provide proof of any state licenses and certifications
- Provide valid student ID and transcripts (if applicable)
- Provide a copy of resume
- Provide a proof of vaccination against Hepatitis B
- Treat all patients /other volunteers and staff with dignity, respect and courtesy as you would expect to be treated with
- Keep confidentiality, whether it is with the patient, staff or other volunteers
- Understand the volunteer services are performed without compensation
- Follow standards of practice in relation the HIPAA, OSHA, and the IL Dental Practice Act
- Understand Goldie's Place has the right to refuse/remove any volunteer at any time as it deems fit
- Open to committing to at least one 4-hour shift per month for at least 6 months or 1 year

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to be a volunteer at Goldie's Place, I understand that false or misleading information in my application may result in my release.

Thank you for completing this application form and for your interest in volunteering with us.

Signature: _____ Date: _____