



Keystone Dental Clinic

In-House Dentist Volunteer Information

Date: _____ Name: _____

Date of Birth: _____ Home Address: _____

City, State, Zip: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Preferred method of contact: _____ Work Address: _____

City, State, Zip: _____ Work Phone: _____

Please list your most available days/times to volunteer: _____ I

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

Will you be on our ASAP list if someone cancels or an employee is sick? Y N

Personal Information

Why are you interested in volunteering for Keystone Dental Clinic? _____

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.)?

Emergency Contact Information

Emergency Contact Name and Relationship: _____

Emergency Contact Phone(s): _____

Have you received the Hepatitis B Vaccination? Y N _____ Initials

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

Adult Patients:

Yes No

Restorations:

Yes No

Extractions (Simple, unless OMS Specialist):

Yes No

Other (please list): _____

Keystone 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 understand Keystone Dental Clinic's Patient Information Privacy Policy.

Volunteer's Signature

Date



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Johnson City, TN. 37601
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Please complete this form and return to Lisa Eggers, Executive Director
EGGERSL1@mail.etsu.edu

www.keystonedentaljc.com