



# Keystone Dental Clinic

## Volunteer Information

*Please fax to 423.232.5297 or scan and email to  
EGGERSL1@mail.etsu.edu*

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ **If currently employed, please list the name of your employer, job title and work information:** Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**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 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

**What volunteer role / opportunity interests you most?**

\_\_\_ Dental Assistant \* \_\_\_ Dental Hygienist\* \_\_\_ General Dentist\* \_\_\_ Dental Specialist \*

*\*Must be licensed in the State of Tennessee in order to be accepted as a dental provider volunteer.*

TN License #: \_\_\_\_\_ Any Additional CE Certifications: \_\_\_\_\_

\_\_\_ Non-licensed Dental Clerk / Clinic Observer \_\_\_ Student Internship/Externship

\_\_\_ Special Events \_\_\_ Administrative \_\_\_ Front Office

Other: \_\_\_\_\_

Special skills, talents, languages spoken: \_\_\_\_\_

## 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.)?

What church / house of worship do you attend? \_\_\_\_\_

## Emergency Contact Information

Emergency Contact Name and Relationship: \_\_\_\_\_

Emergency Contact Phone(s): \_\_\_\_\_

## 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.

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Volunteer's Signature

Date