



St. Raphael's Dental Clinic

Dental Professional Volunteer Application

Dental Clinic: Monday - Friday, 7:30 AM - 2:30 PM. (209) 467-0774. 545 W. Sonora St. Stockton, CA 95203. Admin. Office: (209) 467-0703

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 dental 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!

St. Mary's Dining Room responds to poverty in San Joaquin County by feeding the hungry, caring for health issues, and restoring human dignity to over 700 individuals each day.

COVID-19 NOTICE

Due to COVID-19, we require proof of completed vaccination card. Volunteers must wear appropriate face masks at all times while volunteering until further notice.

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 in a different program called Community Service (CS) Program.
- NO, I do not need my hours tracked and verified.**
I understand that volunteer hours are not tracked and 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 APPLICATION

PLEASE PRINT 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 _____

PROFESSIONAL REFERENCES

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, 8 am - 4 pm, (209) 467-0703, fax: (209) 467-7795 or email: volunteer@stmarysdiningroom.org,

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

REQUIRED DOCUMENTS

DATE SUBMITTED (For Staff Use)

- | | |
|---|----------------|
| <input type="checkbox"/> Copy of Identification
<input type="checkbox"/> Driver's License, Government Issued ID | _____
_____ |
| <input type="checkbox"/> Copy of License/Certifications | _____ |
| <input type="checkbox"/> Copy of Malpractice Insurance
(For all practicing providers)
General Liability Coverage | _____
_____ |
| <input type="checkbox"/> Copy of completed COVID-19 Vaccine Card | _____ |

For Volunteer Hygienists and Other Dental volunteers only:

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

- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April |
| <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August |
| <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM						
PM						

COMMENTS:

DOCTOR/RDH PROFILE

NAME: _____ DDS DMD RDH

Will bring your own RDA? Yes No Name of RDA: _____

RDA will also need to register as a volunteer and provide the required documents

OFFICE ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

OFFICE PHONE _____ MOBILE PHONE _____
(FOR EMERGENCY ONLY)

Do you prefer to work with another doctor? Yes No

Will you supervise RDHs? Yes No

X-ray preferences (digital) BWx4 PA 3D

Glove size and preference XS S M L XL

Nitrile Latex Powderfree

Mask Earloop Facemask Cone

Circle all that apply, and you wish to do: (Note we will try to accommodate when possible)

Anesthetic Topical Lidocaine Septocaine Marcaine Carbocaine Plain (no epi)

PEDO Yes No

PERIO Yes No Prophy Root Planning Ultrasonic Scaler Sonic Scaler

ORAL SURGERY Yes No

Types
 Simple Extractions Multiple Extractions
 Simple Impactions Partial Soft Tissue
 Partial bony Full bony 3rd Molars
 Alveoloplasty Full Mouth (Prep for FUD FLD)

Forceps Max 150 Mn 151 Anterior Curette Elevator S M L

Pick Pots Suture Type: _____

Amalgam Yes No Amalgam Instrument Hollenbeck DiscoCleoid Acorn

Composite Yes No Class 1 2 3 4

Composite Flowable Etch

Bonding system SE Bond Opti Bond Solo

Matrix system Tofflemier Garison Other

ENDO Yes No 1 Canal 2 Canals 3 Canals 4 Canals

Pulotomy Formo Other

Hand pieces preference Electric Fiber Optic

Stainless Steel Crowns Yes No

Preferred Cement _____

Crown Cement Preference

REMOVABLE DENTURES No Dentures Adjustments Stay Plates Bite

Try In Delivery Immediates

PARTIAL DENTURES No Partial Bite Try In Delivery

Adjustment PO Immediates

INFORMATION ON HEPATITIS B AND (HBV VACCINE)

St. Mary's Dining Room strongly recommends volunteers in the healthcare industry consider the Hepatitis B vaccine (HBV vaccine) before 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. The 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 six months. There is no evidence that the vaccine has ever caused Hepatitis B or AIDS (Acquired Immune Deficiency Syndrome). Individuals infected with HBV before receiving the vaccine may go on to develop clinical Hepatitis despite 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 the 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 (see next page).*

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

Print Name

Signature

Date

ST. MARY'S DINING ROOM
Informed Refusal for Hepatitis B Vaccination - *Volunteers without Vaccine*
If this page does not apply to the volunteer please leave blank.

I, _____ am volunteering as _____.
(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 safety and health before 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

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 volunteers 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 changes 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, _____,
(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, workplace 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 the place which assure privacy, and only on a need to know basis

Print Name
(First & Last Name)

Signature

Date

Please keep this page for reference.

APPLICATION SUBMISSION

You may submit your completed application along with the REQUIRED documentation via email at volunteer@stmarysdiningroom.org or you can drop it off at our Administration Office, Monday – Friday, 8 am – 4 pm. If we receive an application with any missing required documents, the application will be considered incomplete and will not be processed.

VOLUNTEER GUIDELINES

PPE/Masks – Due to COVID-19, we require all volunteers and staff to remain masked indoors and while working with others.

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

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/dental 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 a break.

Professional Environment – Please help us maintain a professional environment in the clinic by professionally presenting yourself when volunteering. In the clinic, physicians and providers appreciate a quiet space in which to consider their patient cases 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 storage place. The clinic assumes no responsibility for lost or stolen valuables.

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