



Volunteer Dentist Application

GENERAL INFORMATION

Name _____ AAWD Member Number _____

Clinic Street Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Email Addresses _____

Please list any community assistance programs, women’s shelters, and job/work programs in your area that may be interested in affiliating with the Smiles for Success program.

Name of Program(s) _____ Name of Program(s) _____

Contact Information _____ Contact Information _____

Is public transportation to/from your clinic available through the program(s) listed above? If not, what transportation services are available for women within your community to reach your clinic for services?

CREDENTIALS

Dental School and Year of Graduation _____

State(s) Licensed, License Number _____

Expiration Date(s) _____ Malpractice Insurance Carrier _____

Have you ever been investigated by a State Licensing Board? (If yes, please provide documentation to explain.)

Have you been treated for drug or alcohol use in the past five years? (If yes, please provide documentation to explain.) _____

Do you keep opioids in your dental office? _____ Is your office OSHA compliant? _____

Is your office HIPPA complaint? _____

Do you and your staff have up-to-date vaccinations, including Hepatitis B? _____



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HOLD HARMLESS

I, _____, shall fully defend, indemnify, and hold harmless Smiles For Success from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury of any kind whatsoever (including without limitation all claims for monetary loss, property damage, equitable relief, personal injury), whether brought/caused by an individual, employee, officer, agents, contractors, invitees, or other volunteers. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorney's fees, and related costs or expenses, and any reimbursements to Smiles for Success for all legal fees, expenses, and costs incurred by it.

GUIDELINES

- Volunteers will keep dental records of each SFS patient they treat.
- Volunteers will submit a report of the patient's ledger with regular fees that were written off.
- Volunteers will submit a Participant Release Form, along with "Before and After" photos to the SFS national office upon completion of treatment.
- Volunteers will contact the Director of Practice Management with any problems or questions regarding dental treatment or participants.

PRIVACY POLICY

It is the policy of Smiles for Success that:

- Volunteers may not discuss or share protected patient data outside the office.
- Volunteers may not discuss any patient information with other patients.
- Volunteers must not leave patient records unattended in public areas of the office.
- Volunteers may only access patient records for which they have a legitimate, assigned business need.

Violations 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 agree to the Smiles for Success Guidelines, Hold Harmless and Information Privacy Policies.

Volunteer Signature

Date