

American Indian/Alaska Native Dental Placement Program

Volunteer Information Sheet

Personal Data

Last name	Tel (home) () -
First name	Tel (business) () -
Address	Tel (mobile) () -
	Fax () -
City	State/territory
ZIP code	Email

Professional Information

Specialty

Years of dental practice experience

License 1	Number	State/ territory	Expiration date
License 2	Number	State/ territory	Expiration date
License 3	Number	State/ territory	Expiration date
License 4	Number	State/ territory	Expiration date

Do you currently have professional liability insurance that will cover your practice and procedures performed while volunteering?

Yes No* (please specify if necessary)

** Some volunteer opportunities may provide professional liability coverage for participants. A "no" response will not automatically disqualify you from volunteering. You are encouraged to contact your insurance carrier, if you have questions about whether you will be covered.*

Are you comfortable providing comprehensive dental care, including oral surgery, to a full range of patients?

Yes No* (please specify if necessary)

** In many locations, referral to specialty care is not readily available, so a general dentist may be required to perform advanced patient care services. A "no" response will not automatically disqualify you from volunteer service. If you are a specialist, please indicate any limitations to your practice.*

Education & Training

Degree/certification received	Field of study or type of training	Name of university/institute	Dates of attendance (years)
			to
			to
			to
			to
			to

General

Are you willing to undergo a credentialing process: application for privileges (including information about malpractice claims, current/past physical illness, substance abuse and mental health), National Practitioner Data Bank check, reference checks, fingerprinting and criminal record check and other personal/professional verification activities?

Yes No

Are you willing to participate in a short orientation, including an introduction to American Indian/Alaska Native culture and site-specific cultural information, as part of your service experience?

Yes No

Although this will likely be an educational experience, do you understand this volunteer service is not an opportunity to perform formal research on the American Indian/Alaska Native population and strict guidelines govern research involving human subjects?

Yes No

Where do you prefer to volunteer?

Please specify first preference* AZ MN SD ND NM WI Please specify second preference* AZ MN SD ND NM WI No preference
* Attempts will be made to match you with your first choice. However, this may not be possible, and you may continue to receive information about future volunteer opportunities in other locations.

Are you available to volunteer for at least a two week period?

Yes No

Are you willing to consider a multi-year volunteer commitment to a Tribal health clinic or rural community?

Yes No

When do you prefer to volunteer (check all that apply)?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> September 2009 | <input type="checkbox"/> January 2010 | <input type="checkbox"/> May 2010 |
| <input type="checkbox"/> October 2009 | <input type="checkbox"/> February 2010 | <input type="checkbox"/> June 2010 |
| <input type="checkbox"/> November 2009 | <input type="checkbox"/> March 2010 | <input type="checkbox"/> July 2010 |
| <input type="checkbox"/> December 2009 | <input type="checkbox"/> April 2010 | <input type="checkbox"/> Other _____ |

Describe your interest in volunteering to provide oral health care to American Indian/Alaska Native patients who reside in rural communities.

Provide any additional information you wish to be considered in your placement as a volunteer.

Where did you first hear about volunteer opportunities in rural Alaska Native villages and/or American Indian reservations?

When you have completed this form, please return it, along with a copy of your current résumé, to:

Gary Podschun
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611

312.440.7487
312.440.4640 (fax)

podschung@ada.org