**NYSDA Volunteer Dental Demonstration Project**

Event location:

Event date: Event time:

Volunteer Name:

Specialty:

*(General Dentist, Oral Surgeon, RDH)*

Selected Shift: [ ]  8:00am – 12:00 pm

 [ ]  1:00pm – 4:00 pm

 [ ]  8:00am – 4:00 pm (ALL DAY)

Home Address:

Phone:

Email:

Date of Birth:

Social Security #:

**Checklist for Volunteer Requirements**

[ ]  Health Assessment with Immunization record **including PPD**

[ ]  Volunteer Confidentiality Statement

[ ]  Copy of Current Dental License & Dental Registration

[ ]  Copy of Current CPR certification

[ ]  Proof of current malpractice insurance

[ ]  Proof of Infection Control Training

NYSDA will complete:

[ ]  Criminal background check (NYSDA)

[ ]  National Sex Offender Registry check (NYSDA)