**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)