



FMFDC Volunteer Application

Personal Information

Name
Address
Phone cell Is it ok for us to contact you by text? Y / N
Home email
Work Occupation
Date of Birth SS#
Emergency Contact Name Phone

Volunteer Position Applying For

DDS Vaccination History: Date of last TB test:
RDH Date of Hepatitis B vaccine
Wisconsin License # (please supply copy of current license)
Professional Liability Carrier:
Would you like to apply for free WI volunteer risk coverage with our clinic? Y / N
Dental Assistant Fundraising
Administrative & Reception IT & network support
Marketing & Public Relations Social & Volunteer appreciation

Please write a brief statement regarding background & experience:

Blank lines for background statement

Availability

Mornings Weekly Other / As needed (please describe)
Afternoons Every other week
Evenings Monthly

AUTHORIZATION & RELEASE: I certify that the information I have provided is complete and accurate to the best of my knowledge. I release from any liability representatives of the Fowler Memorial Free Dental Clinic for their acts in connection with evaluating my application. I understand that the position I am applying for is voluntary and for which there is no monetary compensation. I, also authorize that criminal and caregiver background checks may be performed on me by the Fowler Memorial Free Dental Clinic. I understand that by not allowing a background check it will hinder my possibility to participate in this volunteer opportunity.

Applicant's Signature Date



## **FMFDC Confidentiality Agreement:**

Confidentiality is of primary importance in the operation of the Fowler Memorial Free Dental Clinic (FMFDC). Patients seek care at the Clinic with the expectation that their personal information will be handled in a private and professional manner. The Clinic is committed to protecting patients from breach in confidentiality.

At all times, whether on duty or off duty, volunteers will hold medical and personal information of patients in strictest confidence. Volunteers are expected to be aware of others in the area when discussing information with other volunteer staff. At no time is the identity, diagnosis or condition of a patient to be released either in or out of the Clinic setting, except as medically necessary in the performance of the Clinic duties to which staff is assigned.

Care will be taken to handle information confidentiality when:

- Faxing patient information: Assure correct phone numbers (flag document as confidential)
- Copying patient information: Avoid leaving material on copier.
- Discussing patient information: Sharing of information will be done in a private setting, if it is necessary. If you overhear confidential discussions, inform the speaker that you can hear and assure privacy of the conversation. If you work in another medical setting, it is not appropriate to discuss care given at the FMFDC.
- Do not leave patient information visible to others.
- When leaving messages for patients by phone or in writing: do not mention the purpose of visit or diagnosis.
- Releasing patient information upon inquiry: the Clinic must have written authorization to release patient information to family members, or to others not directly involved in the dental care. The exception is that parents/guardians should be informed about their minor children.

As well as confidentiality of patients, volunteers are expected to respect other volunteers they work with. They will not discuss another volunteer's job performance or personal life with clients. If there is concern about another employee's job performance, volunteers will follow proper channels and notify the Clinic Coordinator.

I have read the above information and understand the expectations of Volunteers of the FMFDC. I understand that any breach of confidentiality will result in disciplinary action as delineated in FMFDC operations manual and may result in immediate dismissal. I agree to maintain the confidentiality of the clinic's patients.

Applicant	_____	_____	_____
	Print Name	Signature	Date
Witness	_____	_____	_____
	Print Name	Signature	Date



Volunteer Supported, Grant & Donation Funded  
Serving Eligible Children In Green County Wisconsin  
N3150 Highway 81, Monroe, WI 53566 | 608-328-9404

## FMFDC Image / Picture Consent & Release

As part of our Fowler Memorial Free Dental Clinic public relations and clinic documentation program we occasionally take photographs and videos of the clinic staff, volunteers, children and their families who receive our services and participate in clinic sponsored activities. These pictures are used for public relations, grant and fundraising activities, as well as agency training or presentations. Under some grant/funding agreements, our submitted images may be used for the granting agencies public relations and training materials.

Please check one:

I authorize:

- Images of me and/or my child (children) may be used for newspaper and other publications and media announcing Fowler Memorial Free Dental Clinic events and activities.
- Images of me and/or my child (children) may be used at meetings, lectures, and workshops designed to educate existing and prospective volunteers, community, local and state wellness program development and social justice endeavors.
- Images of me and/or my child (children) may be used in public presentations during Fowler Memorial Free Dental Clinic Public Relations events, such as open houses, community events, health and wellness events information booths, or for use in welcome & information packets as well as community fundraising activities and grant proposals.
- Images of me and/or my child (children) may be used on the Fowler Memorial Free Dental Clinic website.

I refuse.

- Please **do not** use ANY images of me and/or my child (children) in ANY way.

**I have read the above description and give my consent for the use of the images as indicated above.**

*Child(ren)'s name(s):*

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*(please print)*

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*Adult / Parent / Guardian:*

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*Print Name*

*Signature*

*Date*