

Dental

Volunteer Application
 Park Place Health and Dental Clinic
 606 West 29th Street
 Norfolk, VA 23508
 Phone 757-683-2692 Fax 757-683-9240

Last Name		First Name		Middle	Title	Sex M F	Are you 18 or over? Yes No	
Preferred Name				Other Names Used				
Home Address				City	State	Zip	Phone	
Employer		Work Address		City	State	Zip	Phone	
E/mail		Cell Phone		Professional License & State				
Emergency Contact		Relationship	Day Phone		Evening Phone		Cell Phone	
Skills you would like to share with the Park Place Health & Dental Clinic								
Availability	Weekdays	Day	Evenings		Weekends	Day	Evenings	
Reference 1	Name			Phone Number				
Reference 2	Name			Phone Number				
I Understand that my acceptance as a Volunteer is on a conditional basis, with the Park Place Health & Dental Clinic reserving the right to terminate the service of any volunteer whose conduct in any way reflects negatively of the clinic. I also understand that a Volunteer is defined as follows: "an individual who beyond the confines of paid employment and normal responsibilities contributes time and service to assist the Park Place Health & Dental Clinic in the accomplishment of its mission".								
Signature						Date		
Demographics To be completed at Orientation								
Do you consider yourself: Hispanic Caucasian African American Asian/Pacific Islander American Indian other								
Veteran Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled Veteran Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please state branch of service. _____								
Are you disabled Yes <input type="checkbox"/> No <input type="checkbox"/> Is it necessary to limit your activities in any way, please explain: _____								
Birth Date _____								
Office Use Only								
Shot record received <input type="checkbox"/>			Orientation completed <input type="checkbox"/>					
Faculty Yes <input type="checkbox"/> No <input type="checkbox"/>			VCU confirmation received <input type="checkbox"/>			ODU confirmation received <input type="checkbox"/>		
License verified <input type="checkbox"/>			Background check completed ____/____/____					
License registered <input type="checkbox"/>			Background check cleared ____/____/____					
Assignment			Date Assigned					
Department			Job Completion Date			Job Code		
Department Signature								