



Professional Volunteer

While all necessary supplies will be furnished, volunteer dentists are encouraged to have their chair-side assistant attend (please have them sign up separately).

I wish to volunteer for the Missions of Mercy event in \_\_\_\_\_.

Name:

Text box for name with instruction: Please print first and last name.

This section is completed by licensed dentist and hygienists volunteers. Dentist volunteers that expect to write prescriptions need to provide their DEA number. Medical professional volunteers will need to provide your own professional liability coverage for your work with the NCMOM clinics.

License Number, State of Issuance, and DEA Number text boxes.

Professional Liability Carrier text box.

Will your current professional liability carrier cover this volunteer work? Yes No

If No, please provide a copy of your policy provisions indicating that such volunteer activities are not covered. Dental professional volunteers may be eligible for free coverage for these volunteer activities through a special program administered by the NC Dental Society and provided to you at no charge by Medical Protective.

Profession selection options: Dentist, Dental Hygienist, Dental Assistant, Equipment Technician, Laboratory Technician, Dental Student, Hygiene Student, Assistant Student, Lab Tech Student, Nurse/ Nursing Student, Other (write in).

Specialty: write in

Address and Suite text boxes.

City, State, and Zip text boxes.

Email text box.

Phone number text box with area code parentheses.

I pledge to be present for: Friday Saturday

I prefer to do: Extractions, Restorations, Cleanings, Assisting, Triage, Radiography, Sterilization, Supplies, Maintenance, Laboratory, Whatever is Needed

Dentists, would you be willing to provide care for "Post Clinic Emergency Follow Up"?

Yes, my office number is ( ) Not at this time

I understand there is potential risk for exposure to bloodborne pathogens (BBP's) including human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV), as well as other bacteria, protozoa, viruses and prions during the performance of my volunteer service at this NCMOM project.

I understand that this is a donation of my services and that I am responsible for my own travel, accommodations, meals and medical care. I also understand that I am not entitled to reimbursement from the Dental Society or the NC Dental Health Fund for any of my expenditures.

Name and Date text boxes.