

LICENSURE*

Please select any currently valid professional or vocational licenses and certificates that you may have: (check all that apply)

*not required to be a volunteer dental assistant

- Dental Assistant Certification
 - Expanded Function Dental Assistant (EFDA)
 - Registered Dental Hygienist (RDH)
 - Expanded Practice Dental Hygienist (EPDH)
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EMERGENCY CONTACT INFORMATION

In the case of an emergency, please list one person who should be contacted.

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER:

RELATIONSHIP TO YOU:

Are you currently working with a contracted dental hygienist in the Oregon School-based Dental Sealant Program to become a volunteer dental assistant?

Yes

No

If yes, with whom?

COUNTY PREFERENCES

I prefer to serve in these counties: (check all that apply)

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Benton | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Clatsop | <input type="checkbox"/> Columbia |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Crook | <input type="checkbox"/> Curry | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Douglas |
| <input type="checkbox"/> Gilliam | <input type="checkbox"/> Grant | <input type="checkbox"/> Harney | <input type="checkbox"/> Hood River | <input type="checkbox"/> Jackson |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Josephine | <input type="checkbox"/> Klamath | <input type="checkbox"/> Lake | <input type="checkbox"/> Lane |
| <input type="checkbox"/> Lincoln | <input type="checkbox"/> Linn | <input type="checkbox"/> Malheur | <input type="checkbox"/> Marion | <input type="checkbox"/> Morrow |
| <input type="checkbox"/> Multnomah | <input type="checkbox"/> Polk | <input type="checkbox"/> Sherman | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Umatilla |
| <input type="checkbox"/> Union | <input type="checkbox"/> Wallowa | <input type="checkbox"/> Wasco | <input type="checkbox"/> Washington | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Yamhill | | | | |

MY AVAILABILITY

Mondays

- Mornings
 Afternoons

Tuesdays

- Mornings
 Afternoons

Wednesdays

- Mornings
 Afternoons

Thursdays

- Mornings
 Afternoons

Fridays

- Mornings
 Afternoons

REFERENCE CHECK

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER:

CONSENT AND ELECTRONIC SIGNATURE

I hereby certify that all statements made in this application or appended to it are true and correct to the best of my knowledge, whether made by me or others at my request. I am aware that withholding pertinent information or information found to be materially (grossly) inaccurate will be cause for refusing further consideration of my application, or will constitute grounds for my termination if I am placed as a volunteer.

I agree to the consent terms
(Type Full Name)

Date