

*To be completed by volunteer dentist*

Please provide the following information to become a volunteer for the Dental Affinity Program. Mail a copy of the completed application to Carole Hart, Executive Director, Monterey Bay Dental Society, 8 Harris Court #A2, Monterey, CA 93940.

**[ CONTACT INFORMATION ]** Enter your name and address.

|                             |                |             |
|-----------------------------|----------------|-------------|
| Volunteer Dentist Last Name | First Name     | Middle Name |
| Address                     |                |             |
| City                        | State          | Zip         |
| Work Phone                  | Mobile Phone   |             |
| Fax Number                  | E-mail Address |             |

**[ VOLUNTEER REQUIREMENTS ]** Answer the following questions.

Do you have a current dental license to practice in the State of California?  Yes  No

Do you have malpractice insurance?  Yes  No (Specify Carrier Name)

Are you a member of the California Dental Association?  Yes  No

**[ VOLUNTEER DENTIST ]** A typical client referred to the program would not be in need of emergency dental care but would likely have more extensive, non-cosmetic, restorative dental needs.

Your dental specialty?

Number of referrals are you willing to accept per year?  (Specify Number)

Number of hours you are willing to provide for each case?  Limited to  (Specify Number)  
 No limit

Are there specific services that you are **not** willing/able to provide?  Yes  No

*Brief description of services not provided:*

In general, the patient is responsible for paying the lab fees. Lab fees will be paid directly to you.

Please indicate which of the following options you prefer for handling lab work:

- I will use Dientes' lab, which charges a low fee due to their nonprofit status, to reduce the cost of lab fees for my Dental Affinity Program patient.
- I will use my own lab, but subsidize any lab fees over the cost of Dientes' lab fees.
- I will use my own lab and the patient will be responsible to pay the full amount.
- I will use my own lab and fully subsidize the cost of all lab fees.
- The Pajaro Valley Community Health Trust has a limited fund available to help offset some of the cost for lab fees encumbered for patients in the Dental Affinity Program who reside in the Pajaro Valley. For more information about the funding available, please contact the Pajaro Valley Community Health Trust at (831) 761-5695.

Would you like your name publicized through various media outlets to recognize your generous contributions?  Yes  No

May we contact you after you have completed your first case for feedback on your satisfaction with the screening and referral process, and the successes and challenges you faced in providing treatment?  Yes  No

How did you hear about this program?

*Brief description:*

**[ YOUR SIGNATURE ]**

To the best of my knowledge, the information provided on this form is complete and accurate.

Signature of Volunteer Dentist

Date