



**COMPASSION COMMUNITY CLINIC**  
**LICENSED NEVADA DENTAL PROFESSIONAL - VOLUNTEER APPLICATION**

**Dentist** \_\_\_\_\_ **Hygienist** \_\_\_\_\_ **Public Health Endorsement Yes** \_\_\_ **No** \_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Name/Relationship \_\_\_\_\_

How did you hear about Compassion Community Clinic? \_\_\_\_\_

Circle how often you can volunteer for a 4-hour Clinic? 1 X month 1 X quarter As needed for an 8-hour Clinic?

**Do You Have A Church Home?** Yes \_\_\_ No \_\_\_ If Yes, which congregation \_\_\_\_\_

**Education:**

College/University: \_\_\_\_\_ Yr. Grad: \_\_\_\_\_ Degree: \_\_\_\_\_

Post Graduate School: \_\_\_\_\_ State: \_\_\_\_\_

Degree: \_\_\_\_\_ Dates: \_\_\_\_\_

Foreign Language Proficiency: Language(s) \_\_\_\_\_

(Circle) Beginner Intermediate Fluent Do you know dental terminology in this language? NO \_\_\_ YES \_\_\_

**Licensure:**

Board: \_\_\_\_\_ State \_\_\_\_\_ Lic# \_\_\_\_\_ Issue Date: \_\_\_\_\_

DEA Registration: \_\_\_\_\_ I have not applied for my own DEA registration Certificate  
\_\_\_\_\_ I have applied for, but have not yet obtained my own DEA registration Certificate  
\_\_\_\_\_ My DEA Registration # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Board Certification: Specialty \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Since your last licensure with the Nevada Board of Dental Examiners, has anything happened (in Nevada or other state) that would cause your license to not be renewed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently under scrutiny by the Nevada Board of Dental Examiners, peer review process or any other dental licensing board? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list any and all disciplinary actions and malpractice claims in the past 10 years: \_\_\_\_\_

\_\_\_\_\_

**Previous or Current Volunteer Experience:** \_\_\_\_\_

\_\_\_\_\_

**Talents and Skills You Would Like to Share:** Include special skills, interests or training. \_\_\_\_\_

**Please Write a Brief Statement about Why You Want to Volunteer:** \_\_\_\_\_

**Referrals: Please list 2 Professionals that we may contact for a referral on your behalf**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

PH# \_\_\_\_\_ PH# \_\_\_\_\_

Have you ever been arrested, charged with, entered a plea of guilty, nolo contendere, convicted of or been sentenced for any criminal offense, including driving under the influence, in any state? NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, WHAT CHARGE \_\_\_\_\_ Where \_\_\_\_\_ DATE CONVICTED \_\_\_\_\_

PLEASE NOTE THAT AN OFFENSE DOES NOT AUTOMATICALLY EXCLUDE YOU.

In order to be considered for a volunteer placement at Compassion Community Clinic, you must have:

No record of assault, violent criminal offenses and/or weapons charges

No record of illegal drug charges of any type in the past 10 years

No record of sexual related charges of any type and No record of theft or robbery charges

**When working for CC Clinic I agree not to detract from or undermine the Statement of Faith. Initial: \_\_\_\_\_**

The information provided in this application is accurate and true.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

**Thank you for applying! We will contact you within 1 week of receiving your application.**

*“This is what the LORD Almighty says “... show mercy and compassion to one another” Zec 7:9NIV*

\*\*\*\*\* For Clinic Staff Use \*\*\*\*\*

Credentialing Pkt received - Date \_\_\_\_\_ Contact - Date \_\_\_\_\_

Ck.Received: C-2pg \_\_\_\_, D\_\_\_\_, E\_\_\_\_, F\_\_\_\_,G \_\_\_\_,ID\_\_\_\_, License\_\_\_\_, Resume\_\_\_\_, Life Sup\_\_\_\_, Data Bank\_\_\_\_

Referrals: Date \_\_\_\_\_ Interview - Date/Outcome \_\_\_\_\_

Apply to FTCA: Date \_\_\_\_\_ Approved: Date \_\_\_\_\_ Orientation Completed \_\_\_\_\_

Shadowing Completed \_\_\_\_\_