

Confidentiality Policy:

I understand that, in the course of my volunteer work with SonBridge Dental Clinic, I may have access to or hear about confidential or sensitive information and that it is my responsibility not to reveal this information to others outside of SonBridge except where it specifically pertains to performing my duties as a volunteer. Examples of confidential information include but are not limited to donor and volunteer names, their personal information such a telephone numbers, places of employment, financial information, or other information. I understand that my breach of this confidentiality policy may result in termination of my volunteer status.

In addition, I agree that SonBridge may use my name and any photographs and/or video of me for publicity or promotional purposes without liability or obligation to me.

Signature: _____ Date: _____

Consent for Release of Information:

I authorize and acknowledge that SonBridge may obtain and use a “consumer report” about me, which may include verification of my education, previous employment work history, driving record, and criminal record that may be in the files of the federal, state, or local criminal justice agency in any state. A photocopy of this Authorization and Consent for Release of Information shall be valid as the original. The results of this verification process will be used to determine volunteer eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated SonBridge personnel.

I do hereby agree to forever release and discharge SonBridge or any of its associates, and all such individuals, employer, churches, organizations, to the full extent permitted by law, from any claims, damages, losses, liabilities, cost and expenses, or any other charge of complaint arising from the retrieving and reporting of information. In the event that information from the consumer report is utilized in whole or in part in making an adverse decision with regard to my application, before making the adverse decision, SonBridge will provide me with a copy of the report and a description in writing of my rights under the law.

Signature: _____ Date: _____

Certification and General Release: (Dental Professionals only)

I certify that the information provided on my Volunteer Application form is truthful and accurate and that my dental license, registration, certification, and/or training and my malpractice insurance (where applicable) is/are current and in good standing.

For the services that I will provide to SonBridge Dental Clinic, I have agreed to receive no compensation for myself or for any of the staff that I will bring to this site. Nor will I receive any other benefit to my regular office for this service.

Signature: _____ Date: _____

Social Security No.: _____ Driver’s license No.: _____ Issuing State: _____