

## **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).

Light to volunteer for the Missions of Mercy event at Leflore County Civic Center. Greenwood, MS – June 28-29, 2019

I wish to volunteer for the Missions of Mercy event at Letiore County Civic Center, Greenwood, MS – June 28-29, 2019		
Name: 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.		
License Number: State of Issuance: DEA Num	ber:	
Professional Liability Carrier:		
Please check with your current professional liability carrier to verify coverage for volunteer work.		
Profession:  Dentist  Equipment Technician  Hygiene Student  Write in  Dental Hygienist  Dental Student  Write in		Assistant ne Student
Address:	Suite:	
City: State:	Zip:	
Email:		
Phone number: ( )		
I pledge to be present for:  Friday, June 28 <sup>th</sup> Saturday, June 29 <sup>th</sup>		
I prefer to do: Extractions Cleanings		Assisting
Triage Radiography Sterilization	1	Supplies
Maintenance Whatever is Needed		
I understand there is potential risk for exposure to bloodborne pathogens (BBP's) including hum hepatitis B virus (HBV), and hepatitis C virus (HCV), as well as other bacteria, protozoa, viruses my volunteer service at this MSMOM project. I understand that I am personally responsible for associated with a percutaneous piercing wound typically set by a needle point, but possibly by a lunderstand that this is a donation of my services and that I am responsible for my own travel, a care. I also understand that I am not entitled to reimbursement from the Mississippi Dental Association Foundation for any of my expenditures.	and prions any medical other sharp i	during the performance of fees and services nstruments or objects. tions, meals and medical
Accordance Foundation for any or my exponentiales.	1	
Signature:	Date:	

Completed forms may be **faxed** to (601) 664-9796 or scanned and **e-mailed** to <u>tasha@msdental.org</u>. Volunteer forms can also be completed on-line at <u>www.msdental.org</u>.