



Volunteer Application Dental

108 West 14th Street • Minneapolis MN 55403 • 612.377.1800 • www.smilenetwork.org



Dear Dental Applicant:

Thank you for your interest in volunteering with Smile Network. We rely on volunteers to give their time and talent to help bring smiles to the faces of children around the world.

Enclosed you will find the volunteer application. Please complete the application and return the additional requested information listed below. All materials should be sent to the Smile Network office, 108 West 14th Street, Minneapolis, MN 55403 or scanned to info@smilenetwork.org.

- Current CV/Resume
- Current license
- Copies of degrees / licenses referenced in your application
- Scanned copy of driver's license or passport
- 3 Letters of recommendation confirming experience and skills
- \$50 application fee (check or credit card)
- Notarized Authorization for Release of Criminal History

Smile Network is unable to process incomplete applications. When we receive your complete application, we will forward it on to our SNI Dental Committee, for approval. The SNI Dental Committee may call you to clarify information and will determine the status of your application. The process may take up to 4 weeks.

If your application is approved, you authorize Smile Network International to share the following information with Smile Network Dental Campaign Partners:

- Copies of your CV,
- A copy of your driver's license or passport,
- A copy of your degree(s)/license(s).
- Scanned copy of your completed volunteer application

Further, while the specific results of your criminal background check will not be shared with Smile Network Dental Campaign Partners, the fact that you successfully completed the criminal background check will be shared.

Volunteer Dental Campaign selections are done at the discretion of Smile Network. Smile Network will inform you of the results of your application via mail. Upon approval, your application fee will be deposited, and you will be entered into the Smile Network Dental Volunteer database and will be eligible to participate in upcoming campaigns.

We look forward to hearing from you soon. Please feel free to contact us at 612.377.1800 or via email at info@smilenetwork.org

Kind Regards,

Kim Valentini
Founder, Smile Network International



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CONTACT INFORMATION

Name _____

D.O.B. ____/____/____ Preferred Pronouns _____

Position Applying for :(check below)

Dentist Pediatric Dentist Dental Therapist Dental Hygienist Dental Assistant Oral Surgeon

Home Street Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

Email _____

Passport # _____ Country of Issue _____ Exp ____/____/____

Medical Insurance Plan _____ Member # _____

Allergies _____ Blood Type _____

Current Medications _____

Medical conditions we should know about _____

Emergency Information

Emergency Contact _____

Relationship _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____



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Other

Languages spoken fluently (in addition to English) _____

Would you be available for a 7 day dental campaign Yes No

4-5 day dental campaign Yes No

How much notice do you require in order to travel on a Dental Campaign in the U.S.?

Do you have volunteer dental campaign experience? If so, please detail the organization, experience and your role.

Name of person at SNI who referred you _____

Phone number of referral _____ Email of referral _____

How did hear about Smile Network? _____

Why are you interested in volunteering with a Smile Network Dental Campaign team?

What skills and attributes will you bring to a Dental Campaign team?



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EMPLOYMENT INFORMATION

Occupation _____ Place of Employment _____
 Work Address _____ City _____
 State _____ Zip _____ Phone _____
 Position/Title _____ Dates of Employment _____

EXPERIENCE

Smile Network is committed to staffing Dental Campaigns with experienced and qualified volunteers. For this reason, only those experienced and credentialed in one of the following positions will qualify. Please check which best describes your experience.

Dentist Pediatric Dentist Oral Surgeon
 Dental Therapist Dental Hygienist Dental Assistant

Please indicate the patients you have had experience with in the last 3-5 years:

Pediatrics (0-6 yrs) Youth (7-14 yrs) Adult (14 and over)

Please provide details and dates for any certifications you have completed::

Specialty

Please fill out only the section that pertains to your stated specialty, below.

Dental Therapist or Dental Hygienist or Dental Assistant

Licensed Yes Date _____

License Number _____ Expiration Date ____/____/____

Do you currently practice in your stated specialty? Yes No

What state(s) are you licensed to practice _____

Dentist or Pediatric Dentist or Oral Surgeon

Board Certification Yes Date _____ No

Board Eligible Yes Date _____ No

License Number _____ Expiration Date ____/____/____

Do you currently practice in your stated specialty? Yes No

What state(s) are you licensed to practice _____



SNI Background Check Policy and Applicant History

BACKGROUND CHECK POLICY

Smile Network International (“SNI”) requires that all volunteers satisfactorily complete a criminal background check and disclose any history of offenses. SNI completes a criminal background for all volunteers using data from the State of Minnesota Bureau of Criminal Apprehension (“BCA”) or the Bureau in the state in which the volunteer resides at the time of the application. A BCA criminal background check provides the following information about adults:

- Conviction data for 15 years after discharge of sentence.
- Sentence information for 15 years after discharge of sentence.
- Confinement information for 15 years after discharge of sentence.

SNI reviews all criminal background check reports to determine whether a volunteer is approved to participate in SNI missions and campaigns. Volunteers with the following types of convictions for Crimes against Persons or Crimes of Violence are disqualified from participation:

- Felony-level convictions involving crimes against a person including, but not limited to homicide, assault, domestic assault, kidnapping, false imprisonment, reckless endangerment, robbery, rape, sexual assault, molestation, exploitation, prostitution, criminal abuse and/or neglect, and sex crimes;
- Felony-level convictions involving drug offenses;
- Offenses against children, regardless of the level of offense.

SNI does not share the actual criminal background check report with any outside parties, but rather certifies that any volunteer who is cleared to participate in SNI missions and campaigns has successfully completed the background check process, in accordance with SNI’s background check policy. This is to protect volunteer privacy.

APPLICANT HISTORY

Have you ever been convicted of a misdemeanor or felony? Yes No

Description of Offense

Date of Offense _____ Location of Offense _____

Authorization for Release of Criminal History

Date _____

The following named individual has made application with Smile Network for volunteering.

First Name _____ Middle _____ Last _____

Maiden, Alias or Former Name _____

Date of Birth ____/____/____ Social Security Number _____

Gender

Woman Man Transgender Non-Binary/
Non-Conforming Prefer Not to Respond

Notification

The volunteer position for which I am being considered requires me to consent to a criminal background check as a condition of volunteering. This check includes the following: criminal history reference searches for felony and misdemeanor convictions in the State of Minnesota.

Authorization

I hereby authorize **Smile Network International (SNI), 108 W 14th St., Minneapolis, MN 55403** to conduct the criminal background check described above. In connection with this, I also authorize the use of the Minnesota Bureau of Criminal Apprehension to assist SNI in collecting this information.

I also am aware that records of convictions are not an absolute bar to volunteering. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my volunteer position in a manner which is safe for SNI's organization, its partners, and the patients they serve. I understand that the results of the criminal background check will be kept confidential to the extent possible. However, the SNI Founder, SNI Medical Committee Chair, and SNI Legal Committee Chair may learn the results of my criminal background check in order to determine my fitness to volunteer for the organization. These individuals are required to maintain confidentiality of all volunteer criminal background check information. Further, SNI will not disclose the results of my criminal background check to external third parties.

The expiration of this information shall be for a period no longer than three years from the date of my signature.

Signature of Applicant

Date

Notarization is Required

Please have this form notarized before you return it to Smile Network International.

State of _____, County of _____

Signed, sworn and acknowledgement before me this _____ day of _____, 20_____

My commission expires _____



Completion of Application

Thank you for completing the Volunteer Dental Application!

Special Note for Volunteer Dental Participation:

If you are selected for a Volunteer Dental Campaign, all of your work will be done on a volunteer basis. Smile Network and our partners cover the cost of transportation, double occupancy lodging, and some meals for volunteers during the Campaigns. To make this possible, Smile Network requires each team member to pay a team fee that will vary by location (ranging from \$350 - \$700). Your \$50 application fee will be processed when your application is approved.

The following are responsibilities of the volunteer:

- Additional fees for Business Class ticketing or any airfare upgrades/airline changes
- Additional fees for different outbound or return dates of Campaign travel
- Cost of immunizations and medications needed for travel
- Travel insurance, if you choose to purchase
- Hotels are booked double occupancy. If you select a single room, where available, you are responsible for covering 50% of the cost of the room.

Please send your completed application and attachments to the address below or scan them to info@smilenetwork.org. Please allow 4 weeks for application processing. Smile Network will notify you of the results of your application. Please contact Smile Network International (612.377.1800) if you have questions regarding your application.

Smile Network International
Attn: Heather Masters
108 West 14th Street
Minneapolis, MN 55403