



## Volunteer Sign-up

1. NAME: \_\_\_\_\_, \_\_\_ DENTIST \_\_\_ RDH \_\_\_ EFDA
2. ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_
3. PHONE: \_\_\_\_\_ (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)
4. EMAIL ADDRESS: \_\_\_\_\_
5. DAYS AVAILABLE TO VOLUNTEER: \_\_\_ M \_\_\_ W \_\_\_ Th \_\_\_ F
6. FREQUENCY OF VOLUNTEERING \_\_\_ 1x/Week, \_\_\_ 1x/Month, \_\_\_ 1/Quarter, \_\_\_ 1x/yr  
\_\_\_ Other \_\_\_\_\_
7. DO YOU PLAN ON BRINGING YOUR OWN DENTAL ASSISTANT? \_\_\_ YES \_\_\_ NO  
Comments: \_\_\_\_\_
8. ARE THERE PROCEDURES YOU ARE UNCOMFORTABLE PROVIDING TO CHILDREN? (Please List)  
\_\_\_\_\_  
\_\_\_\_\_
9. DO YOU HAVE ANY LANGUAGE CAPABILITY? (List Languages)  
\_\_\_\_\_
10. WOULD YOU BE WILLING TO TAKE A SPECIALTY CASE REFERRED TO YOUR OFFICE BY A PARTICIPATING DENTIST? \_\_\_ YES \_\_\_ NO (List Specialty)  
\_\_\_\_\_
11. NPI NUMBER: \_\_\_\_\_
12. MALPRACTICE COVERAGE (COMPANY) \_\_\_\_\_
13. HAVE YOU BEEN CREDENTIALLED BY ANY DENTAL PLANS? Check all that apply  
\_\_\_ ODS \_\_\_ ADVANTAGE DENTAL \_\_\_ MULTICARE \_\_\_ WILLAMETTE  
DENTAL GROUP \_\_\_ CAPITOL \_\_\_ FAMILY DENTAL CARE \_\_\_ OTHER-  
list \_\_\_\_\_

Please FAX to 503 916-5809 or Call Erica Soto at 503 916-5808  
Or Scan to: [crestondirector@gmail.com](mailto:crestondirector@gmail.com)