

Filling the Gap

Volunteer Agreement for Dentists / Hygienists

I agree to provide my services in a volunteer capacity as a dentist / hygienist on behalf of Filling the Gap Dental Outreach. (herein referred to as FGDO). As a volunteer dentist / hygienist I agree to the following:

- I understand **that FGDO** is a not for profit charitable organization
- I agree to keep all information related to clients confidential and to maintain all records and uphold a standard of care according to the guidelines of the *Royal College of Dental Surgeons of Ontario*.
- My activities / dental work are covered by my own insurance.
- I agree to cover any travel costs associated with my volunteer work.
- I understand that I will receive no remuneration through any source for my volunteer work with FGDO.
- I understand that I will not receive a charitable receipt for services rendered.
- I understand that all dental records produced at the clinic are to be held by the principal dentist of **FGDO**.
- I agree to advise the Operations manager at least two weeks in advance should I be unable to keep my commitment to see patients on a day for which I am scheduled to see patients at the clinic.

To support your work as a volunteer, **the Rexdale CHC** will provide:

- Space to consult with patients and to perform dental procedures on Tuesday and Thursday evenings 4-8.30pm and Saturdays 9am-2pm,.
- Equipment and instruments to undertake dental procedures.
- A suitable space to store the sundries supplied by FGDO.
- Secure access to the Internet and computers on site as needed.
- Applicable Rexdale policies and orientation to Filling the Gap dentists and hygienists.
- Financial screening for patients referred to the clinic through the Rexdale CHC to determine eligibility

Filling the Gap will provide:

- All dental supplies necessary to perform dental procedures.
- A dental assistant to assist with procedures and book appointments (for dentists only)
- An administrator to book patients with the volunteer dentist / hygienist
- Scheduling the providers time at the Clinic.

In signing this volunteer agreement I also confer that:

- I have a current license to practice as a dentist / hygienist in Ontario and to advise the Operations manager should this situation change at any time during which I am a volunteer at the Rexdale CHC.
- I have insurance in place to cover my work as a dentist /hygienist in the Clinic.

Name of Dentist/ Hygienist

Signature

Date

Rexdale CHC

Filling the Gap Principal dentist