

# California Association of Orthodontists

## ORTHODONTIC STAFF VOLUNTEER

<b>Date:</b>		<b>Position/Title:</b>	
<b>Name:</b>			
<b>Orthodontist Name:</b>			
<b>Office Address:</b>			
<b>City, State, Zip, Country:</b>			
<b>Phone:</b>		<b>Fax:</b>	
		<b>Email:</b>	
<b># of Years Ortho Office Experience:</b>	_____ <b>Front Office</b>	_____ <b>Back Office</b>	
<b>Educational Background (Degree/School)</b>			
<b>Special Training Received:</b>			

**Narrative Description of Professional Experience:** *(continue on back if needed)*


**Volunteer Experience for Dental Organization or Non-Profit:** *(continue on back if needed)*


**Travel Info:** *Check all that apply*

	I am willing to travel to meetings or trainings (typically occurring Fridays; travel reimbursement and a per diem will be provided)
	I am willing to do an occasional overnight associated with meetings/trainings (reimbursement for accommodations will be provided)
	I am able to respond promptly via e-mail to any questions or issues that arise.

**Interests or Experience Survey:** *Check if you are interested in volunteering for the following committee or liaison positions. Also, if you have personal or professional experience with any of these, please write down the number of years of experience you have with each.*

	Attendance at Continuing Education Meetings		Hosting at Events or Gatherings		Coordinating Staff Education
	Marketing		Public Speaking		Writing Articles
	Recruitment of Staff		Retention of Staff		Staff Supervieions
	Volunteering		Other Experience or Education:		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_