

Office of the Station Manager
Building 1551, P.O. Box 6043
Twentynine Palms, CA 92278
Voice: 760-830-6685
Fax: 760-825-8822
Email: plmsarc001.fct@usmc.mil

Subject: American Red Cross Dental Assistant Program

Dear Applicant,

Thank you for considering the Dental Assistant Program. This program is made possible for military sponsored ID card holders through a partnership with the American Red Cross and the 23rd Dental Clinic aboard MCAGCC in Twentynine, CA.

All applications must be completed and returned by the deadline date of July 2, 2009. Selected applicants will be interviewed July 7, 2009. Each class is small to ensure quality training. Applicants will be notified when the selection process is complete. If not selected, we encourage you to apply for the next class in approximately six (6) months.

Should you be selected for this program, you will be required to attend an orientation at the American Red Cross office. You must attend a CPR course if you are not currently certified or your certification will expire within six (6) months. You must also obtain necessary immunizations as determined by the dental clinic. Orientations and preliminary course work will take place the week of July 20, 2009.

The Dental Assistant Program provides each student with quality training. At the completion of the program you will have marketable skills.

Each student is responsible for providing their own transportation and child care for any and all of the program training/classes. Students are responsible for any additional expenses regulated by the Dental Clinic.

Completed applications must be returned to the Red Cross office at The Village Center, 29 Palms Marine Base, by the deadline date. For questions or concerns regarding the Dental Program, please contact the Red Cross office at 830-6685.

Sincerely,

Catherine E. Mobley
Dental Programs Chair



Background check start _____
 Background check compl. _____

**Twentynine Palms, MCAGCC
 DENTAL ASSISTANT APPLICATION**

Start Here					
Date		Date of Birth		Social Security Number	
Contact Information					
Last Name			First Name		Full Middle Name
Home Address			Apt/Bldg	City	State Zip Code
Business Address			Suite	City	State Zip Code
Home Phone	Business Phone	Cell Number	E-Mail Address		
My preferred mailing address is: Home address <input type="checkbox"/> Business address <input type="checkbox"/>					
Employer			Occupation		
Emergency Contact (if your spouse is deployable, please note 2 emergency contacts)					
Name		Day Phone	Evening Phone	Relationship	
Name		Day Phone	Evening Phone	Relationship	
Language Skill Proficiencies					
Language: Speak: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low					
Language: Speak: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low					
Miscellaneous:					
Sponsor's name					
Military Unit of Affiliation (i.e., 2/7, Hospital, MWSS)					
PCS/ EAS Date:					
Previous Red Cross Experiences					
Have you ever worked as a Red Cross employee or volunteer? (If yes, give Red Cross affiliation names, position and dates.)					
Have you ever held any Red Cross certification? (If yes, please list.)					
Have you ever received a background check from another Red Cross unit? (If yes, please list details.)					

A “yes” answer to the following italicized questions does not necessarily disqualify an applicant.

*Have you ever been convicted of a felony or misdemeanor within the past 24 months, which resulted in imprisonment?
If yes, please explain.*

Have any of your Red Cross certifications ever been revoked? If yes, please explain.

Why do you wish to volunteer with the American Red Cross (optional):

In an effort to assure your safety and the safety of those we serve, the American Red Cross requires that all Red Cross employees and volunteers complete a background check prior to employment or registered volunteer service.

Signature:  _____ **Date:** _____

STATISTICAL INFORMATION

The American Red Cross, in recognition of its responsibility to employees, volunteers, and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its practices, for all persons. The American Red Cross will not discriminate on the basis of race, color, religion, sex or national origin, or against any qualified handicapped individual, disabled veteran or veteran of the Vietnam era. The following information is requested only to determine the diversity of Red Cross volunteers.

While **Completion is optional**, it would be most helpful to us as we monitor the complete record of our program.

- Gender:** M F
- Veteran:** Yes No
- Disabled** Yes No
- Marital Status** Married Single Divorced Widowed
- Ethnic group:** American Indian/Alaskan Native
Asian/Pacific Islander
Black/African American
Hispanic/Latino
Native Hawaiian/Other Pacific
White
Other:

AMERICAN RED CROSS CODE OF BUSINESS ETHICS AND CONDUCT

The American Red Cross is a not-for-profit charitable organization dedicated to providing services to those in need. The Red Cross has traditionally demanded and received the highest ethical performance from its employees and volunteers. In an effort to maintain the high standard of conduct expected and deserved by the American public and to enable the organization to continue to offer its services, the American Red Cross operates under the Code of Business Ethics and Conduct outlined below. All employees and volunteers are required to sign the Code of Business Ethics and Conduct form certifying that, in delivering Red Cross services and in all other Red Cross activities, they shall meet the following standards of conduct:

Compliance Requirements. All employees and volunteers are required to comply with applicable federal, state and local laws and regulations and with American Red Cross corporate policies and regulations.

Actions Prohibited by the Code of Business Ethics and Conduct. No employee or volunteer shall engage in the following actions:

a. **Personal Use.** Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services or property of the American Red Cross, except in conformance with American Red Cross policy.

b. **Financial Advantage.** Accept or seek on behalf of or any other person, any financial advantage or gain of other than nominal value offered as a result of the employee's or volunteer's affiliation with the American Red Cross.

c. **Red Cross Affiliation.** Publicly use any American Red Cross affiliation in connection with the promotion of partisan politics, religious matters or positions on any issue not in conformity with the official position of the American Red Cross.

d. **Confidentiality.** Disclose any confidential American Red Cross information that is available solely as a result of the employee's or volunteer's affiliation with the American Red Cross to any person not authorized to receive such information, or use to the disadvantage of the American Red Cross any such confidential information, without the express authorization of the American Red Cross.

e. **Improper Influence.** Knowingly take any action or make any statement intended to influence the conduct of the American Red Cross in such a way as to confer any financial benefit on any person, corporation or entity in which the individual has a significant interest or affiliation.

f. **Conflict of Interest.** Operate or act in a manner that creates a conflict or appears to create a conflict with the interests of the American Red Cross and any organization in which the individual has a personal, business or financial interest. In the event there is a conflict, the American Red Cross has a structured conflict of interest process. First, the individual shall disclose such conflict of interest to the chairman of the board or the chief executive officer of the individual's Red Cross unit or the general counsel of the American Red Cross, as applicable. Next, a decision will be made about the conflict of interest, and, where required, the individual may be required to recuse or absent himself or herself during deliberations, decisions and/or voting in connection with the matter.

g. **Retaliation .** Retaliate against any employee or volunteer who seeks advice from, raises a concern with or makes a complaint to a supervisor or other member of management, the ombudsman, the Concern Connection Line, the Biomedical Regulatory Hotline or any other whistleblower program, about fraud,

waste, abuse, policy violations, discrimination, illegal conduct, unethical conduct, unsafe conduct or any other misconduct by the organization, its employees or volunteers.

h. **Contrary to the Best Interest of the Red Cross.** Operate or act in any manner that is contrary to the best interest of the American Red Cross.

Ombudsman Program – Informal Dispute Resolution. The American Red Cross has an organizational ombudsman designated as the neutral or impartial dispute resolution practitioner whose major function is to provide confidential and informal assistance to the many constituents with concerns or complaints about the Red Cross. The constituents who seek the ombudsman's services are internal stakeholders, such as employees and volunteers, and external stakeholders, such as Red Cross clients, donors, suppliers, vendors and the public at large. The ombudsman provides a voluntary, confidential and informal process to facilitate fair and equitable

resolutions and explore a range of alternatives or options to resolve the problems. If a formal investigation is what the individual seeks, referrals to the whistleblower hotlines may be appropriate.

Investigations, Compliance and Ethics – Formal Dispute Resolution. Distinguishing from the actions of the ombudsman, the Office of the General Counsel and the Office of Investigations, Compliance and Ethics (IC&E) conduct formal investigations into allegations of fraud, waste, abuse, Red Cross policy violations, illegal or unethical conduct or other improprieties regarding the Red Cross. Usually, the allegations arise from whistleblower complaints of Red Cross employees and volunteers seeking formal review or investigations of their allegations of wrongdoing.

Whistleblower Hotline Programs. The American Red Cross encourages open communications. All employees and volunteers are encouraged to bring any concerns they have regarding the organization or its employees and volunteers to their direct supervisor. If individuals seek an informal and confidential resolution, the ombudsman may be the appropriate choice. If a formal IC&E investigation is sought, the hotlines described below are the appropriate choice.

If an employee or volunteer suspects or knows about misappropriation, fraud, waste, abuse, Red Cross policy violations, illegal or unethical conduct, unsafe conduct or any other misconduct by the organization or its employees or volunteers, that individual should alert his or her supervisor or other member of local management. In those cases where an employee or volunteer is not comfortable telling his or her supervisor or local management, the employee or volunteer may contact the Concern Connection Line at 1-888-309-9679. For concerns about the collection, manufacturing, processing, distribution or utilization of blood or blood components (e.g., violations of FDA or OSHA regulations, falsification, quality failures, training, Biomedical Services computer and equipment issues), an employee or volunteer who is not comfortable with contacting his or her supervisor or local management may contact the Biomedical Regulatory Hotline at 1-800-741-4738.

CERTIFICATION OF COMMITMENT TO THE CODE OF BUSINESS ETHICS AND CONDUCT

I, _____, certify that I have read and understand the Code of Business Ethics and Conduct of the American Red Cross and agree to comply with it, as well as applicable laws that impact the organization, at all times. I affirm that, except as listed below, I have no personal, business or financial interest that conflicts, or appears to conflict, with the best interests of the American Red Cross. I agree to discuss any conflicts listed below with the chairman of the board or the chief executive officer of my unit or the general counsel of the American Red Cross and to refrain from participating in any discussions, deliberations, decisions and/or voting related to the matter presenting the conflict until such time as it is determined by the Red Cross that the conflict is mitigated or otherwise resolved.

Describe any potential conflicts:

At any time during the term of my affiliation with the American Red Cross, should an actual or potential conflict of interest arise between my personal, business or financial interests and the interests of the Red Cross, I agree to: (1) disclose promptly the actual or potential conflict to the chairman of the board or the chief executive officer of my Red Cross unit or the general counsel of the American Red Cross; and (2) until the Red Cross approves actions to mitigate or otherwise resolve the conflict, refrain from participating in any discussions, deliberations, decisions and/or voting related to the conflict of interest.

Signature:  _____ Date: _____

Print Name: _____

Rev. January 2007

Statement of Understanding

I understand that my service as a volunteer for the American Red Cross will commence effective _____. I understand that my services as a volunteer will be performed on a gratuitous basis, i.e., without compensation. Any reimbursement for incidental expenses will be subject to the availability of funds and the CO's discretion. I understand that this is not a policy making position.

I understand that, as a volunteer, I will not be considered a Federal employee for any purpose other than subchapters I and II of Chapter 81 of Title 5, United States Code (relating to compensation for work related injuries), section 2733 pf Title 10 and Chapter 171 of Title 17 United States Code (relating to claims for damages or loss); section 522a of Title 5, United States Code (relating to maintenance of records on individuals) and Chapter 11 of Title 18, United States Code (relating to conflicts of interest), and then only with respect to services that are within the scope of services to be provided. I also understand that service as a volunteer does not entitle me to further employment with a Federal organization or agency.

I understand that, as a volunteer, the personal information provided me on the members of MCAGCC and their families is, and will be, protected by the provisions on the Privacy Act of 1974. I understand that the personal information I have been provided will be used ONLY in the official execution of those tasks relating to volunteer matters.

I understand that, as a volunteer, I will hold myself to the highest standards of confidentiality. I understand that issues pertaining to the members and families of MCAGCC will be discussed ONLY with personnel designated by the Commanding Office of MCAGCC as having a "need to know".



Signature of Volunteer

Date

POLICIES on DRUGS, ALCOHOL & SEXUAL HARASSMENT

Volunteers and employees who are involved with the illegal use of drugs and/or abuse or alcohol pose unacceptable risks to the work environment and may also undermine public confidence in the American Red Cross and its programs. To protect the work environment and public confidence in the Red Cross, the organization's policy on drug-related activity and alcohol abuse is outlined below.

While on Red Cross property and/or while performing corporate business, you are prohibited from:

1. Being under the influence of, using, possessing, selling, or otherwise being involved with illegal drugs;
2. Abusing alcohol; and
3. Abusive use of controlled substances.

You are further from use, involvement, or abuse at any time of illegal drugs and/or alcohol to the extent it violates the laws or negatively affects Red Cross activities or undermines public confidence in the organization.

If you are suspected of:

1. Being under the influence of, using, possessing, selling or otherwise being involved with illegal drugs;
2. Abusing alcohol; or
3. Abusive use of controlled substances, you may be subject to testing.

Violation of this policy may result in disciplinary action up to and including discharge for misconduct.

The Red Cross reserves the right to establish drug and/or alcohol search and screening procedure consistent with applicable laws, as deemed necessary. Implementation of search and/or screening procedures will be established only with the joint and prior approval of the Executive Director, Chapter Chairman and Board of Directors.

Sexual harassment is a form of sex discrimination and violates Title VII of the Civil Rights Act of 1964. Sexual harassment is defined as unwanted or unwelcome sexual advances, repeated offensive sexual flirtations, requests for sexual favors and other verbal or physical conduct of a sexual nature. Any form of harassment is a serious offense as well as improper behavior and may result in disciplinary action up to and including dismissal. Reported incidents of sexual harassment will be promptly investigated and, if substantiated, corrective disciplinary action will be taken. If an employee reports any harassment, every effort will be made to be sure there will be no retaliation.

I certify that I have read the above and understand the Twentynine Palms MCAGCC policy on Drugs and Alcohol. I agree to comply with the policy as it is stated.



Red Cross Representative

Employee/Volunteer

Date

Date

Acknowledgement and Receipt

Receipt and Review of Policies Form

Signature on this receipt acknowledges that you have reviewed American Red Cross, Twentynine Palms MCAGCC volunteer handbook. Please sign and date the receipt.

Volunteer Handbook Statement of Certification

I certify that I have received and reviewed the American Red Cross, Twentynine Palms MCAGCC of the American Red Cross Volunteer Handbook.

I further understand that, by signing this statement as required I am indicating that I have read the Volunteer Handbook and understand its contents, or have discussed questions I have with the Volunteer Chair. I also realize that this statement will become a permanent part of my volunteer personnel file.

Volunteer's Name (Please Print)



Signature

Date

DENTAL ASSISTANT PROGRAM APPLICATION

**Office of the Station Manager
American Red Cross
29 Palms Marine Base, CA 92278**

Each applicant to the Dental Assistant Program must submit: (a) the completed application form; (b) a typed or hand-printed narrative of at least one paragraph in length explaining the applicant's interest in the program as well as his/her desire for admission. If desired, the applicant may include a resume.

EDUCATION (LIST MOST RECENT FIRST)

Name & Address of Educational Institution	Dates Attended	Degree/Diploma/Certificate Completed	Date Awarded

WORK HISTORY

If licensed to practice a profession, list profession, license and the state in which you are licensed:

<u>Profession</u>	<u>License</u>	<u>State</u>
Have you ever worked in the medical field?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you familiar with medical terms and spellings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any experience with sterile procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever taken a basic anatomy course?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

PHYSICAL DEMANDS

Do you have any health problems that might prevent you from completing this course?
Yes No (If you answered "yes," explain on a separate sheet and attach to application.)

Training and work requires regular and recurring bending, stretching, and reaching during the treatment of patients. The dental assistant may be required to stand or sit for prolonged periods of time at chair side, and must demonstrate above average dexterity in manipulating dental instruments and materials. Do you have any reason why this would be a problem for you? If yes, please explain on the next sheet.

As a Red Cross Dental Assistant Student, I understand and agree that I will be held to the following standards. Please initial each to signify that you have read and understand each standard.

I will:
(initial each)

- _____ Uphold the high standard of service maintained by the American Red Cross throughout the world.
- _____ Not expect or accept any pay or services (favors) for my services.
- _____ Wear an American Red Cross name tag when on duty and adhere to the specified dress code of both Dental Clinic and the American Red Cross.
- _____ Hold in confidence all personal information about clients or other workers which I may learn while on duty and understand that breaches in confidentiality can lead to my dismissal.
- _____ Work under the supervision of an American Red Cross supervisor and notify him/her of any illness or problems that may occur during the training period.
- _____ Consider my training as a firm commitment, requiring attendance in classes and training in the clinic for a period of six (6) months, or 750 hours. I understand that three unexcused absences will result in dismissal from the training program; excused absences are determined by the Chair of Volunteers and the Station Manager.
- _____ Maintain current immunizations and communicate to my supervisor any health issues which may arise during my term as a Dental Assistant Trainee that may affect my ability to perform.
- _____ Be responsible for my own transportation.
- _____ Be responsible for my own child care arrangements and payment of same.
- _____ Sign in and out daily with the appropriate log at the Dental Clinic. No sign-in, no credit.
- _____ Maintain current American Red Cross CPR and First Aid qualifications.
- _____ Cooperate and present a friendly and professional demeanor. Combative or disruptive behavior will not be tolerated and will lead to dismissal.
- _____ Arrive on time to training each day and be respectful of the time of fellow trainees and instructors.
- _____ Report any grievance or issue of concern to my immediate supervisor. Should satisfaction not be reached, I will bring my issue to the American Red Cross Chair of Volunteers and Station Manager. I understand that final authority on any issue or grievance is the 29 Palms Red Cross Advisory Council and that all decisions from the Advisory Council are final.
- _____ Adhere to the American Red Cross Code of Conduct that was read and signed by me upon original application as a volunteer with the American Red Cross.

The above qualifications are aligned with current 29 Palms Marine Base American Red Cross station and the National American Red Cross guidelines. If you have questions concerning any of the above-stated standards, please feel free to bring them to your Chair of Volunteers.

The Dental Assistant Program is a six (6) month, forty (40) hour per week commitment by the student. Dental Assistant Students work primarily days, Monday through Friday, whenever the Dental Clinic is open. Holidays will be granted according to the holiday schedule observed by the Dental Clinic. Students are required to sign-in the number of hours worked on a daily basis.

The American Red Cross provides liability for the student and the Dental Clinic provides all of the training required for the completion of the course free of charge. The student must adhere to the aforementioned guidelines. The student must also attend a General Red Cross Orientation at the Red Cross Office and CPR training as required by the program.

Neither transportation nor childcare is provided by either the Dental Clinic or the American Red Cross.

Both the procurement of and payment of childcare is the sole responsibility of the student.
No credit will be earned by partial completion of the course.

I, _____, understand and agree to the aforementioned conditions upon acceptance to the Dental Assistant Program.



Applicant's Signature

Date _____

FOR DENTAL CLINIC USE ONLY

Date of interview ____/____/____

Accepted into program? ____ Yes ____ No

(Make a copy of this entire application for your files and return the original to the Red Cross Office after program admission decision is made.)

