



Foundation for Endodontics/Henry Schein Cares Foundation Outreach Program 2019 MENTOR GUIDELINES AND APPLICATION

Program Purpose:

Access to care was added to the Foundation for Endodontics' mission in 2016 to help support its initiative to save natural teeth for all through the efforts of endodontic specialists. In early 2017, the Foundation for Endodontics formed a partnership with the Henry Schein Cares Foundation to provide the highest level of endodontic care abroad. To do so, three volunteers (two endodontic residents and one endodontic mentor) accompany other general dentists and pre-doctoral students at the Helping Hands Clinic (a clinic established by the Christian Dental Society) in Treasure Beach, Jamaica. During a seven-day intensive experience, all three volunteers will be providing endodontic treatment to patients. Foundation volunteers are some of the first endodontists to participate in treating patients at the clinic.

First opportunity to participate as a resident volunteer is given to the Foundation's Resident Expert Advisory Council (REACH) members and nominees. The endodontic mentor for each outreach trip is selected through the application process outlined below. All costs associated with the program (travel, insurance, etc.) are covered by the Foundation for Endodontics. All lodging, food & beverage and ground transportation in Jamaica is arranged by the Christian Dental Society (CDS) and covered through their registration fee which is paid for by the Foundation. Once selected through this application process, you will be notified and prompted to complete CDS's registration process.

All volunteers selected by the Foundation are sent to participate with CDS, and are a direct reflection of the Foundation for Endodontics, its mission, its volunteers and donors. CDS has been a welcoming and hospitable host to the Foundation's team for several years. The Foundation for Endodontics expects its endodontic volunteers to abide by CDS's code of conduct (found in the International Outreach Program Volunteer Guidebook) and treat its volunteers, leadership and the Jamaican patients with respect and esteem. While CDS is a religious organization and their code of conduct reflects their religious values/beliefs, it is by no means a requirement that Foundation volunteers share those same values/beliefs as long as they are respectful of them.

Eligibility:

- Endodontist who has graduated from a CODA-accredited institution in the U.S. or Canada.
- Applicants must be Foundation for Endodontics donors.

To apply, applicants must submit:

- Application form (following these guidelines);
- An essay outlining their interest in international access to care involvement and reasons they are applying for the experience (approximately 1 – 2 pages);
- Three letters of recommendation (these can also be used for submission to CDS's registration process, if/when selected for the position);
- Applicant's CV;
- Completed waiver and release (following these guidelines);
- Proof of licensure

Timeline:

The deadline for applications to be considered for the coming year is December 1. The Special Committee on Outreach will be meeting in December or January to select the endodontist mentors to go on each trip for the year. All applicants will be provided an update on their status as a volunteer by mid-January.

Availability:

Each year, the Foundation for Endodontics/Henry Schein Cares Foundation Outreach Program joins the Christian Dental Society (CDS) at the Helping Hands Clinic in Treasure Beach, Jamaica for four seven-day trips (Saturday – Saturday). If you have any pre-determined obligations throughout the year that will limit your ability to travel, please indicate the specific dates/date ranges you are unavailable for below.

Trip dates for the upcoming year have yet to be determined. When the trip dates have been determined, we will reach out to you to confirm your availability. In the meantime, please keep us updated of any changes in your availability via email.

Role of Mentor:

- Prior to the trip:
 - Complete registration process through CDS in a timely fashion
 - Participate in Foundation organized conference call to introduce all volunteers and review responsibilities;
 - If necessary, travel with endodontic equipment need for their assigned trip (if this applies, all equipment and materials will be packed and shipped directly to you from Foundation headquarters)
- During the trip:
 - Mentor and monitor endodontic residents as they treat patients;
 - Advise general dentistry undergraduates in determining when endodontic treatment is needed;
 - Create an organized practicing environment for all three practitioners to be most effective (equipment and tool set up);
 - Organize and keep inventory of all equipment throughout the week for a streamlined break-down and packing process;
 - Allocate enough time to organize, fully inventory and pack up all endodontic equipment in Foundation storage (inventory documents provided by Foundation staff to all attending mentors).
- Following the trip:
 - Share inventory report with Foundation Development Coordinator for planning and re-order
 - Complete the follow-up survey to help the Foundation improve the process for future trips.

Applications should be completed electronically and submitted to:

ATTN: Development Coordinator

Email: Foundation@aae.org



**Foundation for Endodontics/Henry Schein Cares Foundation Outreach Program
2019 MENTOR APPLICATION FORM**

Deadline: Rolling

Applications should be completed electronically and submitted to:

ATTN: Development Coordinator

Email: Foundation@aae.org

PERSONAL:

First Name:

Last Name:

Degree:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

Email:

Employment Information:

Birthdate:

Status as a Foundation for Endodontics Donor:

EDUCATION:

List your education institutions and degrees.

Institution	Graduation Year	Degree
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Institution	Graduation Year	Degree
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Institution	Graduation Year	Degree
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Institution	Graduation Year	Degree
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LETTERS OF RECOMMENDATION:

Name	Phone	Email
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Name	Phone	Email
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Name	Phone	Email
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EMERGENCY CONTACT:

Name:

Relationship to you:

Phone 1:

Phone 2:

Email:

AUTHORIZATION

Applicant signature

Date



Foundation for Endodontics/Henry Schein Cares Foundation Outreach Program

WAIVER AND RELEASE

I, _____, have volunteered to go on a mission facilitated by the American Association of Endodontists Foundation in order to provide free dental care to persons with little or no income in _____ (“Country”). The Foundation has advised me that there can be serious, and indeed life-threatening, risks in travel to Country. It has not in any way urged or encouraged me to go on the mission -- or offered me any incentive to do so. Rather, I have chosen to participate of my own free will solely because I wish to do so.

Accordingly, in consideration for being permitted to go on the mission and other good and valuable consideration, I, on behalf of myself, my heirs, and anyone else claiming through me, do hereby knowingly release the Foundation, the American Association of Endodontists, and each of their officers, directors, members, employees, and agents, from and against any and all, claims, liabilities, damages, and expenses arising in connection with my participation in the mission.

In executing this Waiver and Release, I acknowledge that the Foundation has informed me that:

1. There are medical dangers in travel to Country, including contraction of potentially fatal infectious diseases;
2. There are risks of kidnapping, detention, and acts of possibly extreme violence against me;
3. Conditions in Country may be primitive, and there are risks of attacks by wild animals, malfunction of methods of transportation that could result in death, and hurricanes or other acts of God; and
4. There are other potentially life-threatening risks in addition to those set forth above.

The Foundation has also advised me that it may be unable or unwilling to take any steps to try to have me treated, rescued, or evacuated in the event that any risk such as disease, kidnapping, or other eventuality materializes.

Further, I understand that the mission is taking place under the auspices of the Christian Dental Society (“CDS”) and that I will be required to participate in Christian devotional presentations whether or not I agree with the statements made in those presentations. In this connection, I recognize that the leaders of the mission have a right to send me home at any time and for any reason -- all at my own expense.

Nevertheless, having been fully advised of the risks of participation and the sponsorship of the mission by the CDS -- and having been given the opportunity both to ask whatever questions I want and to consult with my own lawyer or other adviser as I see fit, I am knowingly executing this Waiver and Release of my own free will on behalf of myself, my heirs, and anyone else who might claim through me on this ___ day of _____, 2016.

Signature

Name