

Code Of Practice For Volunteer Projects

Australian Dental Association

14-16 Chandos Street St Leonards NSW 2065 Australia
Tel +61 2 9906 4412 Fax +61 2 9906 4917



The Australian Dental Association requires that in order for a Volunteer project to be listed on its web site, the Volunteer Project complies with this Code of Practice.

Values

The Australian Dental Association Inc endorses and expects the following values:

- volunteering respects the rights, dignity and culture of others,
- volunteering promotes human rights and equality,
- volunteers must work within the parameters of the Code of Practice as set out by the Dental Board of Australia,
- volunteers must not be expected to carry out clinical procedures which are outside their training,
- dental treatment, advice, mentoring and support are supplied without financial or other tangible benefit to the volunteers who provide the service,
- the recipients of the volunteers' care are chosen on the basis of social equity, meaning that they have no or very limited access to care, or cannot afford it, or both,
- the provision of care must not place or imply obligations on the part of its recipients,
- projects must respect the cultural values of the country and community in which they operate,
- projects must work within that country's legal and professional requirements.

Projects

In order to be considered for listing on the Association's website:

- projects should seek to be inclusive of local service providers and must definitely not exclude them from activities,
- volunteers must neither replace paid workers nor constitute a threat to the job security of paid workers,
- projects should aim to transfer knowledge and skills to local people who may provide dental care or oral health promotion,
- project organisers should provide their volunteers with clear protocols of treatment which are relevant and appropriate to that particular project and its patient base,
- projects should aim to seek and accept assistance from other sectors of the local community and economy in order to promote community and civic participation that provide valued roles, a sense of purpose and personal confidence,
- a long term goal of projects should be to promote a locally financed and sustainable dental service that does not require the continuing presence of volunteers.

Contact: **Australian Dental Association**

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ada.org.au

Application for Listing of a Volunteer Project

Australian Dental Association

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AUSTRALIAN DENTAL ASSOCIATION

Notes

- A 'Volunteer Organisation' is broadly defined as one which 'has autonomy from government, has self-governance has membership that is neither inherited nor prescribed, receives aid from philanthropy, provides benefit for or service to non-members and has a not-for-profit orientation.'¹
- Although the project may be overseas, the volunteer organisation must be based in Australia
- The Volunteer Organisation must be aware of and support Policy 2.2.10 *Community Oral Health Promotion: Dental Volunteers* of the Australian Dental Association Inc.²

Details

Name of volunteer organisation and/or project

Country/countries of operation

Web address of organisation/project

Volunteer categories (check as many as appropriate)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> General Dentist | <input type="checkbox"/> Student | <input type="checkbox"/> Service Technician |
| <input type="checkbox"/> Dental Therapist | <input type="checkbox"/> Hygienist | <input type="checkbox"/> Specialist (specify) <input type="text"/> |
| <input type="checkbox"/> Dental Technician | <input type="checkbox"/> Prosthetist | <input type="checkbox"/> Other (specify) <input type="text"/> |

Type of program (check as many as appropriate)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Clinical care | <input type="checkbox"/> Prevention | <input type="checkbox"/> Community-based |
| <input type="checkbox"/> Education | <input type="checkbox"/> Survey | <input type="checkbox"/> Other (specify) <input type="text"/> |

People treated (check as many as appropriate)

- Children aged years to Adults Elderly Clinical care Other (specify)

Contact

Name Email Phone

Mobile Fax Signed _____ Date

I acknowledge that I have read and understood the Code of Practice for Volunteer Projects and the 'Notes' above.

Signed _____ Date

OFFICE USE ONLY

Date application received: _____ SPC-DVOL approval: YES NO

Date applicant notified: _____ Date entered onto Volunteers web page: _____

¹ adapted from www.businessdictionary.com/definition/voluntary-organization.html