



# American Red Cross

## DENTAL ASSISTANT TRAINING PROGRAM

### APPLICATION PACKET

September 2026 to April 2027

The American Red Cross and the Dental Activity, Irwin Army Community Hospital would like to thank you for your interest in the Dental Assistant Training Program. The Dental Assistant Program is a training program designed to provide the basic education and skills needed to volunteer at a Dental Clinic on Fort Riley. Completion of the Red Cross Dental Assistant Training is transferrable among military dental treatment facilities. The following information will be of value to you in making your decision to apply for this course, so please read it carefully. Following the introduction to the program objectives and requirements, the necessary forms to complete the application are included. Please be aware that training spaces are limited so not every application will be accepted.

### APPLICATION REQUIREMENTS

To apply for the Red Cross Dental Assistant Training Program you must at least 18 years of age, possess a military identification card, be a United States citizen or legal U.S resident and be a high school graduate (or its equivalent). **Applications will be accepted starting January 2026 until May 2026. Please download PDF, fill out, and attach the following documents when you email your application to [undine.lasater2@redcross.org](mailto:undine.lasater2@redcross.org)**

- a copy of your military identification card;
- a resume;
- two letters of recommendation;
- copy of high school diploma (or equivalent) and/or any unofficial college transcripts;
- copy of current Red Cross or American Heart Association CPR/BLS certification (if currently certified)

**\*PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

After your application has been reviewed by the selection panel consisting of representatives of the Red Cross, Irwin Army Community Hospital and the Dental Service, you will be scheduled for a time and location for an interview. Interviews will be conducted in the first week of June 2026. You will be contacted by telephone to discuss your interview time and location. Please arrive 10 minutes prior to your scheduled interview time. The interview will last approximately 30 minutes. Criteria used for selection will be, but not limited to:

- ❖ quality and completeness of application
- ❖ enthusiasm
- ❖ self-confidence
- ❖ appearance
- ❖ communication skills

- ❖ perceived ability to meet the demands and complete the program
- ❖ Attitude and courtesy

You will be notified via telephone if you have been accepted into the program and by e-mail if, unfortunately, not selected. At the time of notification, you will need to commit to attending the program to allow time to select a replacement should you have to decline.

Once accepted to the program, between June and August 2026, you will be required to attend an in-person meeting with the IACH Volunteer Liaison Staff (TBA) to discuss expectations and fill out the Initial Entry Tuberculosis (TB) Risk Assessment Tool. In addition, you will be required to bring a copy of the following documents when meeting with the IACH staff;

1. Immunization Records
2. Residency Proof

You will also be required to take mandatory trainings, orientations and other activities needed prior to the formal start of the DAP training at the DENTAC Clinic, during the periods June-August 2026.

You will be required to register as a Red Cross Volunteer once committed to the program. This online process is completed on the website at [www.AmericanRedCross.org/volunteerconnection](http://www.AmericanRedCross.org/volunteerconnection). The process will require that you upload a copy of your current valid state driver's license. You will be given a Red Cross Registration Number which you need to retain for your records and present to appropriate personnel when requested. It will also be used to enter your program volunteer hours with the Red Cross. If the hours are not recorded, you will not receive credit. Red Cross office personnel can assist you with this process.

## PROGRAM SCHEDULE

If you are selected for the program, the following schedule will be need to be followed. Exceptions to the program schedule cannot be granted. In addition, this schedule depends heavily on your promptly completing follow-up responsibilities for completion of the requirements of #1 through #4 below.

1. Red Cross Orientation – 1 day (sometime June 2026)
2. IACH In-processing Orientation Meeting– 1 day with date/time/location TBD
3. BLS Training (*if applicable*) –1 day with date/time/location TBD
4. IACH Immunization and Background Check Completion (Additional immunizations or laboratory confirmation may be required) (Background check completed by outside agency)
5. IACH Orientation – Date/Time to be determined – Employee Service Center, IACH, 4<sup>th</sup> floor – 2 weeks (7:30 – 4:30)
6. Instruction and Dental Clinic Rotations begin early September 2026 **after completion of #1 – #4 above**. Passing final instruction examination with score of 80% prior to starting clinical rotations.
7. Program length is 800 hours.
8. Completion of 25 hours (outside of program time) of Red Cross Volunteer hours by working directly with the community. Guides will be provided by the Ft. Riley Red Cross Office.
9. Graduation Day – sometime mid to early April 2027 (all clinical hours must be completed prior to graduation).

While the program provides instruction and practice in the skills necessary to be a Dental Assistant in a military treatment facility, it does not provide certification. Certification, if desired, is completed through individual

communication with the Dental Assistant National Board (DNAB). Eventual employment in a civilian dental practice may require additional coursework and or State Board Certification depending on the requirements of each State. Certification, while encouraged, is not a requirement to work in a military dental facility.

Should accepted applicants drop out after the start of the program due to unforeseen circumstances, the student will be required to return the study materials issued at the beginning of the class or pay the equivalent cost for the materials.

For questions, please contact Undine Lasater, Regional Program Specialist, SAF-IS at [Undine.Lasater2@redcross.org](mailto:Undine.Lasater2@redcross.org) or call (224) 500-1581.



# American Red Cross

## Dental Assistant Program Application

### I. Applicant Information

- Full Name (Last, First, Middle): \_\_\_\_\_
- Street Address: \_\_\_\_\_
- Apartment/Unit #: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Sponsor's Name: \_\_\_\_\_ Unit: \_\_\_\_\_
- Estimated PCS/ETS Date: \_\_\_\_\_

### II. Emergency Contact Information

#### Emergency Contact #1

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Phone: \_\_\_\_\_

#### Emergency Contact #2

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Phone: \_\_\_\_\_

### III. Education & Experience

Please place an X in the appropriate box for each question:

Question	Yes	No
Have you taken a basic anatomy course?	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with medical terms?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked in the medical field?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience with Sterile Procedures?	<input type="checkbox"/>	<input type="checkbox"/>

- If you worked in the medical field, when? \_\_\_\_\_
- If you have a felony conviction, please explain: \_\_\_\_\_
- High School Attended: \_\_\_\_\_
- School Address: \_\_\_\_\_

### IV. Education (Continued)

#### Secondary Education/College

- College Name: \_\_\_\_\_
- School Address: \_\_\_\_\_
- Attendance Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
- Did you Graduate? [ ] Yes [ ] No
- Degree/Diploma: \_\_\_\_\_

### V. References

Please list three references (excluding relatives) who know you well, preferably individuals you have worked for in a paid or volunteer capacity. If currently working, please include your supervisor.

**Reference #1**

- **Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
- **Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reference #2**

- **Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
- **Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reference #3**

- **Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
- **Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**VI. Employment/Volunteer History**

*(List most recent service positions first)*

**Experience #1**

- **Company Name:** \_\_\_\_\_
- **Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- **Dates Employed:** \_\_\_\_\_ **Still working?**  Yes  No
- **Role/Title:** \_\_\_\_\_
- **Job notes, tasks performed, and reasons for leaving:** \_\_\_\_\_

**Experience #2**

- **Company Name:** \_\_\_\_\_
- **Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- **Dates Employed:** \_\_\_\_\_ **Still working?**  Yes  No
- **Role/Title:** \_\_\_\_\_

**Experience #3**

- **Company Name:** \_\_\_\_\_
- **Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- **Dates Employed:** \_\_\_\_\_ **Still working?**  Yes  No
- **Role/Title:** \_\_\_\_\_

**VII. Physical Demands**

- **Do you have any health problems that might prevent you from completing this course?** \_\_\_\_\_  
(If yes, explain on a separate sheet and attach to application).
- **Requirement Acknowledgment:** Training and work requires regular bending, stretching, and reaching. Dental assistants must stand or sit for long periods and demonstrate above-average dexterity.
- **Do you have any reason why this would be a problem for you?** \_\_\_\_\_
- **If yes, please explain:** \_\_\_\_\_

**VIII. Disclaimer, Additional Information, and Signature**

- **Certification:** I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information may result in my release.
- **Program Commitment:** This is a six-month, 40-hour per week commitment. Students work weekdays according to the Army Dental Clinic Schedule and must sign in daily.
- **Liability & Training:** The American Red Cross provides liability insurance; the Dental Clinic provides all training free of charge. Students must attend a Red Cross Orientation and CPR/BS training.
- **Student Responsibility:** Neither transportation nor childcare is provided. Both are the sole responsibility of the student.

**Signature of Applicant:** \_\_\_\_\_

**Agreement:** I \_\_\_\_\_ understand and agree to the aforementioned conditions upon acceptance to the Dental Assistance Program.

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

## PERSONAL STATEMENT

*(At a minimum, address these topics: What interested you in the American Red Cross Dental Assistant Training Program? How this training will benefit you in the future? Brief written description of your education and prior experience (highest level of education, special skills training, any volunteer or community work, etc). Why you are a good candidate for the American Red Cross Dental Assistant Training Program?)*

**CONTINUATION OF PERSONAL STATEMENT *(If Necessary)***





## FUNDAMENTALS OF RED CROSS PROGRAM PARTICIPATION

**As a Red Cross Volunteer or Program Participant you are expected to:** (Please initial each statement)

- \_\_\_\_\_ Act in accordance with Fundamental Principles of the International Red Cross and Red Crescent Movement.
- \_\_\_\_\_ Strive and work for the highest standards of service.
- \_\_\_\_\_ Fulfill all duties without discrimination based on nationality, race, sex, political views or religious beliefs.
- \_\_\_\_\_ Respect everyone.
- \_\_\_\_\_ Ask for guidance and clarify information for better understanding. Respect confidentiality of those you serve.
- \_\_\_\_\_ Respond to needs of others in a humanitarian and compassionate way.

**Your responsibilities as a Red Cross Volunteer or Program Participant are:** (Please initial each statement)

- \_\_\_\_\_ Be sure you really want to be here. Be committed to the mission and the community.
- \_\_\_\_\_ Live up to the expectations of your participant's role. Participation work is not something that can be done a few odd hours when there is nothing else to do. It is a responsibility that requires time, dedication, passion, energy and a real desire to perform your assigned role to the best of your ability.
- \_\_\_\_\_ Be present and on time for the commitments you make.
- \_\_\_\_\_ Respect the confidentiality, privacy, and dignity of everyone you encounter as a Red Cross Volunteer, Red Cross Youth Program Participant or Red Cross Dental Assistant Student
- \_\_\_\_\_ Be an active and contributing member of the team.
- \_\_\_\_\_ Show compassion to people. Be open and willing to relate to another person and respect their feelings without judgment or becoming over involved.
- \_\_\_\_\_ Respect any cultural, ethnic, and personality differences of others. Provide a supportive and encouraging emotional climate with your presence.

\_\_\_\_\_ Wear your identification with pride. Be comfortable, neat and well groomed. Remember that everything you say and do as a Red Cross Volunteer or Program Participant reflects directly on the American Red Cross.

## **PROGRAM SPECIFIC CONDITIONS OF PARTICIPATION**

Participation as a Red Cross Volunteer or Program Participant is a privilege and responsibility. In your position, you are fulfilling a special function for the American Red Cross, Irwin Army Community Hospital and the Fort Riley Community. You will uphold the standards of conduct for American Red Cross at all times.

Failure to observe and practice any of the following conditions, fundamentals and guidelines will result in the need for appropriate actions up to and including suspension from the volunteer program.

1. As a Red Cross Volunteer or Program Participant, you are responsible for full participation in scheduled rotations. If you are unable to participate, contact your designated supervisor as soon as possible.
  2. You are responsible for your own transportation to/from assigned volunteer areas.
  3. You may only perform program activities in the rotation site to which you are assigned.
  4. You are responsible for checking in and out with your designated supervisor in your assigned area. You should maintain periodic contact with the IACH Red Cross Volunteer Office.
  5. Concerns about and issues relating to your volunteer assignment should be discussed with your assignment area supervisor. Unresolved issues should be discussed with the IACH Red Cross Volunteer Office.
  6. It is your responsibility to record your volunteer hours at [www.redcross.org/volunteerconnection](http://www.redcross.org/volunteerconnection). Failure to do so will result in no record of volunteer hours you have completed. You can also use the Red Cross App to enter hours.
  7. You must coordinate with your designated area supervisor-for a breaks or absences. Temporary curtailment of volunteer services should be discussed with the IACH Red Cross Volunteer Office.
  8. No personal telephone calls or texts should be made or received while on duty (either on the clinic phone or your personal cell phone). All cell phones must be turned on "silent" at all times while on duty.
- \*\*NOTE:** Emergency communications with you can be made by calling the IACH Customer Service Office (785-239-7103 or 7739). If there is a true emergency requiring that you need to be immediately contacted and you are unable to reach the personnel in the Customer Service Office, you should contact the IACH Information Desk at 785-239-7667.
9. Do not meet/hang out with friends or family in your assigned work area, the hall ways, lobby areas, etc. If you would like to meet with a friend before or after your scheduled duty time, please arrange a time and place to meet away from your volunteer location.

10. Wear your Red Cross Volunteer or Program Participant identification the entire time you

are on duty. You should not wear you Red Cross Volunteer or Program Participant identification outside of the hospital facility. Wearing the identification badge in photographs is prohibited.

11. Absolutely no use of non-prescription drugs, alcohol, tobacco or tobacco products during volunteer activities.
12. If you are assigned within the same work area as family members, please notify the Red Cross Dental Assistant Training Program Lead or the Fort Riley Red Cross Office (316) 268-0815 or (224) 500-1581.
13. Remember that everything you do and say is a direct reflection on the American Red Cross and the services it provides. Please act accordingly.
14. Ask Questions! Don't harbor frustration and doubt. We want this to be a wonderful experience for you and ere here to help with whatever questions you have. The entire Red Cross and IACH team are invested in you having a beneficial and rewarding experience.

## **IRWIN ARMY COMMUNITY HOSPITAL APPEARANCE REQUIREMENTS**

Irwin Army Community Hospital (IACH) has an established dress code required of all personnel performing duties in work environments under the Command's jurisdiction.

The wearing of the American Red Cross identification is of great value to you and to those with whom you come into contact. The identification as IACH staff and American Red Cross staff is evidence that you have met certain standards and are qualified to perform the duties to which you are assigned. It testifies to other staff, patients and/or visitors that you are voluntarily giving your time, energy and interest to a recognized humanitarian effort.

Your attire should be dignified, practical and serviceable. It should always be fresh and clean when reporting for duty. Any volunteer or participant without proper IACH identification or appearance for any Red Cross sponsored program under the jurisdiction of Irwin Army Community Hospital will be required to put on the appropriate identification and display appropriate appearance or leave the program. Outlined below are the established IACH guidelines for the proper appearance of the Red Cross Volunteer, Red Cross Student or Red Cross Program Participant.

### ***Name Badge***

Worn on right side of shirt about 5" from the shoulder seam. The hospital identification badge should be worn above the waist. If the badge is affixed to an American Red Cross lanyard which has an emergency breakaway feature.

### ***Top***

Business casual shirt or blouse. If provided by the American Red Cross, a Red Cross vest should be worn. Halter tops or tank tops are not acceptable.

### ***Bottom***

Pants with holes, shorts or mini-skirts are not acceptable

### ***General***

Baggy, oversized or low-riding clothing is not acceptable.

### ***Shoes***

Must be closed toe, fully enclosed and in good repair.

### ***Jewelry***

May be worn in moderation. No dangling earrings, long chains, or dangling bracelets. Fad devices, vogue medallions, personal talismans or amulets are not authorized for wear while on Red Cross assignment. Piercings other than ear lobe earring piercings are not permitted.

### ***Perfume & Cologne***

Light fragrances only may be worn in moderation. Some patients are allergic to fragrances, so you may be asked by your assignment area designated supervisor to refrain from wearing any form of fragranced perfume or lotion while on duty.

***Hair***

Should be well groomed and styled in a fashion which will avoid touching patients during duty performance. It is requested that longer hair be pulled back and secured with a clip or other device. It should not dangle in your face or in the work space. This is for both your safety and the safety of the patients with whom you interact. Hair colorings should be moderate and blending. Fad hair coloring with bright colors is not acceptable.

**ACKNOWLEDGMENT**

Your signatures indicate that you have read, understand and accept responsibility for the information and requirements outlined. Parents signature, if required, acknowledges that they understand and agree to foster compliance with the requirements.

Signature \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian (*If Applicable*)  
Signature of Concurrence \_\_\_\_\_ **Date** \_\_\_\_\_

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**IACH GENERAL RED CROSS VOLUNTEER, IACH PROFESSIONAL VOLUNTEER, DENTAL STUDENT,  
OBSERVER & SHADOWER e-APP WORKSHEET**

1. The following information is needed for the IACH Security Office to initiate your e-APP Security Check:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Residence Address:

\_\_\_\_\_  
(Street) (Apt/Unit #) (State), (Zip Code)

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position: \_\_\_ General Red Cross Volunteer \_\_\_ Professional Red Cross Volunteer

\_\_\_ Observer \_\_\_ Shadower

Date of Birth: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Place of Birth (City) \_\_\_\_\_ (Country) \_\_\_\_\_

(County in State) \_\_\_\_\_ (State) \_\_\_\_\_

2. Once the e-App application has been completed, you will be scheduled to have your fingerprints taken. You will be notified when and where by e-mail and/or phone



## **CHECKLIST FOR COMPLETE APPLICATION**

Incomplete applications will not be considered and you will not be contacted to supply any missing documents. Your completed application (due **COB May 29, 2026**) will include the following documents.

Application Packet Documents:

1. Red Cross Application Form (3 Pages + Personal Statement)
2. Fundamentals of Red Cross Program Participation; Program Specific Conditions of Participation; Appearance Requirements Documents
3. . General Red Cross Volunteer, IACH Professional Volunteer, Observer & Shadower e-APP Worksheet

Documents to be Attached to Application Packet:

1. \_\_\_ Copy of both sides of military identification card
2. \_\_\_ Your resume
3. \_\_\_ Two (2) letters of recommendation
4. \_\_\_ Copy of high school diploma (or equivalent) and copies of any college transcripts (do not have to be “official, authenticated” documents sent from the school)
5. \_\_\_ Copy of current Red Cross or American Heart Association CPR/BLS certification (if currently certified)

(12112025)