



Dental Clinic

Volunteer Application

Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Other than English, I speak: _____

Dentist Registered Hygienist Dental Assistant Student
Front Office Translator (which language) _____ Other

Education:

High school: _____ Graduation Date: _____

College: _____ Graduation Date: _____

Professional: _____

Dental Info:

Dental License # _____ State: _____ Expires: _____

Malpractice Carrier Name: _____ I began practicing in (Year): _____

Procedures I like to do: _____

Procedures I prefer not to do: _____

I would like to volunteer _____ times per Week Month Quarter Year

These days are the best for me: Sun. Mon. Tue. Wed. Thu. Fri.

Emergency contact:

Name: _____ Relationship to you: _____

Home phone: _____ Other phone number: _____