



Date

## Volunteer Application

Contact Information	
Name	
Address	
City, State, Zip	
Phone	
E-mail Address	
Date of Birth	

### Availability

During which shifts are you available to volunteer?

(AM= 8:30am-12:30pm, PM=1:00pm to 5pm) (\*Indicates Special Events only.)

Monday AMs	___	Monday PMs	___
Tuesday AMs	___	Tuesday PMs	___
Wednesday AMs	___	Wednesday PMs	___
Thursday AMs	___	Thursday PMs	___
Friday AMs	___	Friday PMs	___
Saturday AMs*	___	Saturday PMs*	___

### Interests

Tell us which areas you are most interested in volunteering.

Front Desk/Reception	___
Sterilization	___
Triage/X-Ray	___
Chairside Assistance	___
Record Room	___
Laboratory	___

### Special Skills or Qualifications

Please share with us any special skills/qualifications you have acquired:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____



### Previous Volunteer Experience

Please summarize you previous volunteer experience.

### Person to Notify In Case of an Emergency

Contact Information	
Name	
Address	
City, State, Zip	
Primary Phone	
Alternate Phone	
Relation	

### Agreement and Signature

By submitting this application, I, (print name) \_\_\_\_\_ affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with us.

*All applicants must official documentation proving that they are certified as one or more of the following in the state of Texas:  
Dentist, Hygienist, Registered Dental Assistant, and/or Certified Dental Tech*