



Extending Christ's healing by providing charitable dental care to Bexar County adults since 1986.

Volunteer Application

Contact Information	
Name	
Address	
City, State, Zip	
Home Phone	
Office Phone	
Cell Phone	
E-mail Address	
Please check one:	
<input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Dental Lab Tech	
<input type="checkbox"/> Dental Student <input type="checkbox"/> Hygiene Student <input type="checkbox"/> RDA Student <input type="checkbox"/> Undergraduate Student	
<input type="checkbox"/> Graduate Student <input type="checkbox"/> Other _____	

Volunteer Interests

Clinical Interests

- Endodontics
- Extractions
- Oral Health/Hygiene
- Periodontics
- Prosthodontics
- Restorations
- Radiology
- Sterilization

Non-Clinical Interests

- Clerical Services
- Database Entry
- Dental Records
- Policies & Procedures Data Entry
- Professional Business Services
- Special Events
- Telephone
- Translation (Please list language

below)

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.

Vaccinations

Have you received your COVID-19 Vaccine?

Yes No

If yes, please provide a copy of your vaccination card.

Availability

During which shifts are you available to volunteer?

(Morning Shift= 8:30am-11:30am, Afternoon Shift=12:30pm to 4:30pm)

- | | |
|---|---|
| <input type="checkbox"/> Monday Mornings | <input type="checkbox"/> Monday Afternoons |
| <input type="checkbox"/> Tuesday Mornings | <input type="checkbox"/> Tuesday Afternoons |
| <input type="checkbox"/> Wednesday Mornings | <input type="checkbox"/> Wednesday Afternoons |
| <input type="checkbox"/> Thursday Mornings | <input type="checkbox"/> Thursday Afternoons |
| <input type="checkbox"/> Friday Mornings | <input type="checkbox"/> Friday Afternoons |

Previous Volunteer Experience

Please summarize you previous volunteer experience.

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. Our Volunteer Coordinator will reach out to you at the number you provided in the Contact Information section.

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