



*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 clinical professional applicants must provide 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.*

**Availability**

During which shifts are you available to volunteer?

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

- Monday Mornings
- Tuesday Mornings
- Wednesday Mornings
- Thursday Mornings
- Friday Mornings
- Monday Afternoons
- Tuesday Afternoons
- Wednesday Afternoons
- Thursday Afternoons
- Friday Afternoons

**Previous Volunteer Experience**

Please summarize you previous volunteer experience.

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**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.