



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 _____
Tuesday AMs _____
Wednesday AMs _____
Thursday AMs _____
Friday AMs _____
Saturday AMs* _____

Monday PMs _____
Tuesday PMs _____
Wednesday PMs _____
Thursday PMs _____
Friday PMs _____
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*