



**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  
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 your 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:           //SIGNED//          

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 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*