

VOLUNTEER INFORMATION:															
LAST NAME	<u> </u>	FIRST NAME				IDDLE	INITIAL	 . I	PREFER	RED N					
BIRTHDATE	<u>P</u>	PHONE NUMBER				MAIL A	DDRESS	S							
STREET ADDRE									CITY, STATE			ZIP CODE			
DO YOU SPEAK	DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH?														
	HAVE YOU VOLUNTEERED AT THE DVC BEFORE? [] YES [] NO IF YES, WHEN?														
	HAVE YOU EVER BEEN CONVICTED OF A FELONY? [] YES [] NO IF SELECTED, ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK? [] YES [] NO														
VOLUNTEER AVAILABILITY: PLEASE MARK ALL THAT APPLY FOR YOUR VOLUNTEER AVAILABILITY.															_
	8:00AM 9:00AM			M	10:00	DAM	11:00AM		12:00PM		1:0	0PM	2:00PM		
MONDAY		<u> </u>	ĹŢ		[_	<u>ļ</u>	Ţ	<u>]</u>	[<u> </u>		<u> </u>		<u> </u>	
TUESDAY		<u> </u>	1 1		<u> </u>	<u> </u>	L	<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>	_
WEDNESDAY			Ļļ		<u>L</u>	<u> </u>	L]		<u> </u>		<u> </u>	<u>_</u>		
THURSDAY FRIDAY			<u> </u>		<u> </u> [<u>]</u> 1	L T	1	L	<u>]</u> 1				<u> </u>	_
FREQUENCY: [] WEEKLY [] TWICE A WEEK															_
MEDICAL EXPERIENCE:															
[] DENTAL ASSISTANT (REQUIRED) [] DENTRIX [] X-RAY															
PLEASE LIST ANY ADDITIONAL MEDICAL CREDENTIALS AND/OR EXPERIENCE:															
APPLICANT SIGNATURE CERTIFIES THAT ALL ANSWERS GIVIN HERIN ARE ACCURATE AND COMPLETE.														_	
APPLICANT SIG	APPLICANT SIGNATURE DATE														