



VOLUNTEER DENTAL PROVIDER APPLICATION

VOLUNTEER PROVIDER INFORMATION:

 LAST NAME FIRST NAME MIDDLE INITIAL PREFERRED NAME

 BIRTHDATE PHONE NUMBER EMAIL ADDRESS

 STREET ADDRESS CITY, STATE ZIP CODE

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.

	MORNING	AFTERNOON
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>

FREQUENCY: _____ **AVAILABLE START DATE:** _____
 MONTHLY
 QUARTERLY

DENTAL CREDENTIALS:

LICENSE NUMBER: _____ DDS DMD RDH

I AM CURRENTLY PRACTICING YES NO
 I AM RETIRED AND WOULD LIKE TO VOLUNTEER YES NO

APPLICANT SIGNATURE CERTIFIES THAT ALL ANSWERS GIVIN HERIN ARE ACCURATE AND COMPLETE.

 APPLICANT SIGNATURE DATE