



Gary and Mary West Senior Dental Center

Volunteer Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Birth Date: _____ Preferred Phone: _____

Email: _____

SSN or Gov't ID: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Education Information

Name of School: _____ Licenses: _____

Year Graduated: _____ Certificates: _____

Name of School: _____ Credentials: _____

Year Graduated: _____ Other: _____

Languages

Speak: _____

Read: _____

Write: _____

Volunteer Time Commitment

How long do you plan to volunteer: From _____ To _____

How many hours/days per month: _____

What days can you volunteer: M T W Th F

Volunteer Responsibilities

Volunteer Role:	
Schedule of Volunteer Dentist:	

Primary Volunteer Responsibilities: Describe what services you will provide at the Senior Dental Center.

Volunteer Expectations

Volunteer: As a volunteer of the Gary and Mary West Senior Dental Center, you understand and agree to:

1. Adhere to all applicable company policies, procedures and rules
2. Adhere to all company confidentiality and HIPAA policies

Volunteer Signature: _____

Date: _____