



# 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: \_\_\_\_\_

### 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 S S

## Volunteer Responsibilities

<b>Volunteer Role:</b>	
<b>Schedule of Volunteer Dentist:</b>	

**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: \_\_\_\_\_