



PUTNAM DENTAL
A S S O C I A T E S
Dentistry for Your Life

Volunteer Request Form for “Dentistry from the Heart”

SATURDAY JUNE 2, 2018

Name: _____

Address: _____

Phone #: _____

E-mail: _____@_____

I am a/n (position) please check

DENTIST _____

DENTAL HYGIENIST _____

DENTAL ASSISTANT _____

VOLUNTEER _____

I am interested in volunteering my time-please check

8:00AM TO 12:30 PM _____ **12:00 PM TO 4:00PM** _____

PLEASE FILL IN TIME _____ **ALL DAY** _____

T-SHIRT SIZE: _____

Other than English, what language(s) can you speak?

Volunteers, please circle what area(s) you are interested in.

Set up 8 am arrival	Registration Volunteers	Blood pressure 8am-12:30pm	Grounds
Parking	Registration Patients	Clinical	ANY WHERE NEEDED
Food	Interpreter	Children’s table	Clean-up End of day

How did you hear about us? _____

This is a Family Volunteer Event

I encourage you to ask your family members to help