

Summer Camp Dentist Volunteer Application Form

Contact Information

First Name	
Last Name	
Date of Birth	
Gender	
Street Address	
City	
State/Province	
ZIP Code	
Country	
Cell Phone	
Work Phone	
Country and Place of Birth	
E-Mail Address	

1. Do you speak Armenian?

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2. Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
Relationship to you	

3. Do you have any allergies or health restrictions?

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4. Will you be traveling to Armenia with a dental assistant?

Yes No

If yes, please provide the following information about your assistant:

Name	
Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with SOAR.