MOBILE SMILES OKLAHOMA! DELIVERING DENTAL CARE & EDUCATION

A Partnership Program of Delta Dental of Oklahoma ORAL HEALTH FOUNDATION

OKLAHOMA DENTAL FOUNDATION

Volunteer Registration/Application

Please print

First Name.....Last Name.....

Address .....City/State/Zip.....

Phone .....Email .....

List previous volunteer experience..... .....

Do you hold an Oklahoma dental assisting permit (circle one)? **Yes** **No**

Languages Fluent Read Write

1 ....

2 ....

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

In an emergency, notify:

First Name.....Last Name.....

Address ....

City/State/Zip.....Telephone .....

Volunteers hereby agree to follow all MSO policies and procedures, adhere to the MSO confidentiality agreement, and serve any client who is assigned regardless of race, sex, creed or national origin.

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(Signature/Volunteer) (Date)