



## VOLUNTEER DENTAL ASSISTANT PROGRAM APPLICATION

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student? (Y/N) \_\_\_\_\_ High School Diploma? (Y/N) \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

School: \_\_\_\_\_

DEROS: \_\_\_\_\_

Reference Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_