Volunteer Medical Assistant Application for ACORN

\_\_\_\_\_\_\_\_\_\_

Date

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Name (Last) (First)

(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Email

Please check which year you are:

( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) Post Graduate

What half days are you available?

Monday Tuesday Wednesday Thursday Friday

[ ] am [ ] pm [ ] am [ ] pm [ ] am [ ] pm [ ] am [ ] pm [ ] am

Are you willing to commit one year of volunteer time at ACORN? [ ] yes [ ] no

Do you have your own transportation? [ ] yes [ ] no

Do you speak any languages other than English fluently? [ ] yes [ ] no

If so, what language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any previous dental clinic experience? [ ] yes [ ] no

If so, please describe.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your expectations or what would you like to gain from this experience?

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