



## Interfaith Dental Clinic Volunteer Application

1721 Patterson Street • Nashville, TN • 37203  
Phone: (615) 329-4790 • Fax: (615) 320-0613  
www.interfaithdentalclinic.com

Name \_\_\_\_\_

Today's Date: \_\_\_\_\_

Birthday \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### If currently employed, please list the name of your employer, job title and work information:

Employer \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

### If currently in school, please list the name of your school, the highest year completed and major:

School \_\_\_\_\_

Year completed \_\_\_\_\_

Major \_\_\_\_\_

### Please share a little bit about yourself (special skills & interests, hobbies, etc.):

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

### Why do you want to volunteer with Interfaith Dental Clinic:

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

### What volunteer role / opportunity interests you most? (please circle all that apply):

General Dentist

Dental Specialist

Dental Hygienist

Dental Assistant

Special Events Volunteer

Administrative

Development/Fundraising

Other \_\_\_\_\_

### What is your availability for volunteering with us?:

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

Please complete this form and fax or mail to the clinic attention: Betsy Buntin, or email to  
betsy@interfaithdentalclinic.com