

The Afghanistan Dental Relief Project Volunteer Information Form

Please give us information about yourself. Complete online, or print & fax to 805-962-2466.

Name, last _____ first _____ m. i. _____ degree _____

Street Address _____

City _____ State _____ Zip _____

Work Address _____

City _____ State _____ Zip _____

E-mail address #1 _____ E-mail address #2 _____

Occupation _____ Training _____

Years Experience _____

Languages spoken _____

How did you hear about ADRP? _____

In what way would you like to volunteer to help us? _____

Could you help us financially? (tax-exempt) _____

We have some specific needs. Please answer the questions below:

What clinical skills do you have? _____

Do you have organizational skills, office experience, knowledge of computers (circle)

Do you have any interest or experience in teaching dental technology? _____ Areas? _____

Are you familiar with construction techniques and common tool use? _____

Are you experienced with fund-raising techniques? _____

Have you worked as a health-care volunteer before? _____ Describe: _____

Please describe your health: _____

Medications taken regularly: _____

Special considerations for your welfare: _____

Availability (be specific as to date available) _____

How is it best to communicate with you? _____

All volunteers are required to pay their own expenses, including airfare. Guests staying at the volunteer support center are asked to pay \$15 per day, board and room. All volunteers are required to sign and return the Volunteer Disclaimer with their application. For further information, call the headquarters directly at 805-963-2329, or e-mail adrp@verizon.net. All donations are tax deductible through our 501C3 status.