Clark College Dental Hygiene Program Volunteer Experience Form

First Name:	L	ast Name:	SID:
Community Service/Vol	unteer Hours		
Up to three (3) points wi	II be awarded to application	ants who have documented and	validated hours of community
service/volunteer experi	ence. Only hours docur	nented with this form will be ac	ccepted.
	communication skills r		l to gain insights about community needs Only hours volunteered with charities or
Points will be awarded b	ased on the following:		
1-9 hours = 1 point	10-1	9 hours = 2 points	20 or more hours = 3 point
Sample of approved exp			
Homeless shelte		e health clinics	Special Olympics involvement
Free dental prog		imal shelters	After-school youth programs
Unpaid tutoring		lunteer with school nurse in	Outreach programs
Food Bank	ne	alth-related activities	Health related missions
Your hours ca	nnot include observation	on hours or any hours that wer	e compensated in anyway.
Volunteer Experience Org	ganization/Agency:		
Volunteer Role/Job Title:			
Volunteer Coordinator/S	upervisor Name:		Email:
Volunteer Coordinator/S	upervisor Signature:		
Volunteer Coordinator/S	upervisor Phone Nun	nber:	Date:
Log of Volunteer Expe	rience Hours (may at	tach additional page if need	ed):
Date (include year) Hours		Please Describe Activities I	-

I attest that all information in this form is accurate. Falsification may lead to disqualification from consideration or dismissal from the program per the Clark College and Dental Hygiene Student Code of Conduct.

Applicant Signature: _____ Date: _____

Volunteer experience must be five-years current from expected program entrance. Anything beyond five years will not be considered for points in selection.

Applicants may submit multiple forms to demonstrate total hours accumulated. Use one form per organization/agency.