



PROVAIL

LIFE OPPORTUNITIES FOR PEOPLE WITH DISABILITIES

Johnny Johnson Memorial Dental Clinic

Dental Volunteer Program

Contact Person: Carmene Javorski

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Name: _____

Address: _____

Preferred Contact Number:

Office: _____ Home: _____ Mobile: _____

Email Address: _____

1) Best time to contact you: _____

2) Current Title: Dentist _____ Hygienist _____ Dental Assistant _____ Other _____

3) Currently: Practicing _____ Retired _____

4) What days of the week would you be interested in volunteering?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

5) What dental treatments are your preferences?

Endodontics _____ Periodontics _____ Prosthodontics _____ Restorative _____ Oral Surgery _____

6) How soon would you be available: _____