



Westside Compassion

God's people reaching out to touch the hearts of others

Dental Volunteer Information Form

Personal Information

Name: _____ Home: (____) _____ - _____
 Address: _____ Cell: (____) _____ - _____
 City: _____ State: _____ Zip: _____ Work: (____) _____ - _____
 Email: _____ T-Shirt Size: S M L XL XL 3XL

Where did you hear about Westside Compassion? _____

Event Information

Date: Saturday, July 26, 2008
Event Time: 8:00 to 4:00

Location: Hillsboro United Methodist Church
Hillsboro, Oregon

Dental Information

Type: Dentist Dental Hygienist Non-Dental Volunteer for Dental Team
 Dental Assistant Dental/Hygiene Student Specialty: _____

Licensed in Oregon: Yes No Malpractice Insurance Carrier: _____

License #: _____ Policy #: _____

If Student, School Name: _____

Availability:

- 10:00-2:00
 8:00 start time
 Other Shift _____
 Not available day of even but able to offer low cost medical care at my clinic

Language(s) Spoken:

- _____
- _____

Equipment and/or Staff Available for Event:

<input type="checkbox"/> Cleaning Instruments	# Available
<input type="checkbox"/> Extraction Instruments	# Available
<input type="checkbox"/> Restorative Instruments (Amalgams and Composites)	# Available
<input type="checkbox"/> Hi-Speed/Lo-Speed Hand Pieces	# Available
<input type="checkbox"/> Gauze, Drapes and Clips	
<input type="checkbox"/> Curing Light	# Available
<input type="checkbox"/> Anesthetic Equipment	
<input type="checkbox"/> Portable Dental Unit	# Available
<input type="checkbox"/> Autoclave and Sterilization Supplies	

<input type="checkbox"/> Toothbrushes	# Available
<input type="checkbox"/> Toothpaste	# Available
<input type="checkbox"/> Floss	# Available
<input type="checkbox"/> Fluoride Tabs	
<input type="checkbox"/> I know of someone who may be able to donate a portable dental unit: _____	
<input type="checkbox"/> Other: _____ _____	

Dentists Only (I am willing to perform the following):

- Restorative
 Extractions
 Exams

Other: _____
 Pulpotomies (No Complete Root Canals Will Be Performed)

Please email or mail this form to:

Westside Compassion
 PO Box 316
 Banks, Oregon 97106

Email: westsidecompassion.vol@gmail.com
 Phone: 503-324-7711 (Brian Shimer)