



**DENTAL ASSISTANT PROGRAM**  
**Volunteer Service/Community-Based Learning Experiences**

***Please note – forms that do not include all the information above will not be accepted. One form per event.***

DA Student Name: \_\_\_\_\_

# of hours for submission \_\_\_\_\_

Date \_\_\_\_\_

1. Volunteer Event/Location:
2. Volunteer Event Date/Time(s):
3. Please provide a brief description of the event and duties completed during this volunteer experience:
4. Volunteer Supervisor Name (Print):
5. Volunteer Supervisor Contact information:
6. Volunteer Signature: \_\_\_\_\_

Student waiver to be completed prior to event:

The college fully supports these hours, while assuming none of the liability. Any transportation and/or liability costs are the responsibility of the student. I, \_\_\_\_\_ (student name) understand that I am a volunteer for \_\_\_\_\_ (volunteer organization) and not an employee nor am I covered under the agency's workers compensation insurance nor am I covered under the College's liability or other insurance.

\_\_\_\_\_  
DA Student's Signature

\_\_\_\_\_  
Date

***Dental Assistant students are required to complete 16 hours of volunteer work as part of the curriculum. Students may choose how/where these hours are completed, but they must be approved by the DA program director. Earning and documenting less than 16 hours will result in failure of the program.***