

DENTAL ASSISTANT Volunteer Service/Community-Based Learning Experiences

Student Name	
Volunteer Hours (16) (Complete/Incom	nplete) An incomplete will result in failure of this course.
·	to complete 16 hours of volunteer work as part of the /where these hours are completed but they <u>must be pre-</u>
The college fully supports these hours, liability costs are the responsibility of the	, while assuming none of the liability. Any transportation and/or ne student.
	stand that I am a volunteer forand not the agency's workers compensation insurance nor am I r other insurance.
	Signature
	rief description of duties completed by student.
	
Volunteer Supervisor Name	Volunteer Supervisor
Signature Volunteer Contact information	on:
# of hours completed	 Date