



WISCONSIN  
INDIANHEAD  
TECHNICAL  
COLLEGE

### DENTAL ASSISTANT STUDENT VOLUNTEER HOURS

Student Name \_\_\_\_\_

**Volunteer Hours (16) (Complete/Incomplete) an incomplete will result in failure of this course.**

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 pre-approved by the program director.

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, \_\_\_\_\_ understand that I am a volunteer for \_\_\_\_\_ 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.

\_\_\_\_\_-Signature

**Volunteer Supervisor:** Please give a brief description of duties completed by student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Volunteer Supervisor Name

\_\_\_\_\_  
Volunteer Supervisor Signature

Volunteer Contact information:

\_\_\_\_\_  
# of hours completed

\_\_\_\_\_  
Date