



**2017/2018 Mission Trip Application  
Supplemental Application for First Time Volunteers**

(Please print legibly or type)

Name: \_\_\_\_\_

How did you hear about Dentistry For All (DFA)? \_\_\_\_\_

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What motivates you to be part of our mission trips? \_\_\_\_\_

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Have you lived in, been to or worked in a country other than the US or Canada in the past 10 years?

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What specific skills can you contribute to our mission trip? \_\_\_\_\_

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Please describe your work history: \_\_\_\_\_

\_\_\_\_\_

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Please explain any previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been on any other dental mission trips? If so, please list year, country visited and organization/contact name/number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any limitations or physical conditions that we should know about? (This answer will not be used for volunteer selection but is necessary to help us with any special needs we should be aware of).

\_\_\_\_\_

\_\_\_\_\_

Are you able to carry 50 lbs of equipment? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please provide one character reference (Name and email/phone number):

\_\_\_\_\_

**Please email part 1 and the supplemental application to:**

**[kidsdentist@sbcglobal.net](mailto:kidsdentist@sbcglobal.net) or fax to (262)643-4272**