



**2018/2019 Mission Trip Application
Supplemental Application for First Time Volunteers**

(Please print legibly or type)

Name: _____

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

What motivates you to be part of our mission trips? _____

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

What specific skills can you contribute to our mission trip? _____

Page 2

Please describe your work history: _____

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 or fax to (262)643-4272