

## Germonna Community College Dental Hygiene Program Application Volunteer/Civic Engagement Experience Documentation

This form will be accepted June 1<sup>st</sup> through September 1<sup>st</sup> each year. Please type or print with a pen. The form must be filled out completely or the application will be incomplete. Volunteer/Civic Engagement forms must be submitted for each organization. Only Volunteer/Civic Engagement hours completed for this calendar year will be considered for application.

Name of Dental Hygiene Applicant: \_\_\_\_\_

Name of Nonprofit Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Organization Official: \_\_\_\_\_

Email of Organization Official: \_\_\_\_\_

I hereby attest that the above-named applicant has \_\_\_\_\_ hours of volunteer/civic engagement experience.

Dates applicant has been in my service: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Dates of previous service: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Signature of Organization Official: \_\_\_\_\_ Date: \_\_\_\_\_

Please place an official office stamp/seal for the practice in the area below.