

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

This form will be accepted June 1st through August 29th 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.