



GlobalDentalExpeditions

602 S. Ogden Street | Denver Colorado 80209 | globaldentalrelief.org
303.858.8857 | 800.543.1171 | volunteer@globaldentalrelief.org

Volunteer Service Application

A \$700 non-refundable deposit, which is applied to the cost of your volunteer service project, is due with this application. (If Global Dental Expeditions is not able to accept your application, your deposit will be refunded.) By signing this form you agree to the terms and conditions as stated on page two of this agreement.

I. SERVICE PROJECT INFORMATION (please print)

SERVICE PROJECT NAME: _____

POSITION APPLIED FOR: _____

(IE. Non-dental volunteer / Dental Assistant / Dentist)

*If you are applying as a Dental Professional, would you accept a general volunteer position if the position you are applying for has already been filled: **YES**_____ **NO**_____

DEPARTURE DATE: _____

II. PERSONAL INFORMATION (please print)

Name _____
(Last Name) (First Name)

Address _____
(Street #)

Address _____
(City) (State) (Zip)

Telephone: Home _____ Business _____

E-mail Address _____ Fax Number _____

Occupation _____

Date of Birth _____ Nationality _____
(Day) (Month) (Year)

Passport No. _____ Exp. Date _____

Date of Issue _____ Place of Issue _____

Signature _____ Date _____

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Remit completed application to Global Dental Expeditions, 602 S. Ogden Street, Denver, Colorado 80209