



# CHRISTIAN MOBILE DENTAL CLINIC

## VOLUNTEER APPLICATION & INTEREST FORM Please fill in as applicable

Evangelist: \_\_\_\_\_ Driver: \_\_\_\_\_ Registration: \_\_\_\_\_ Other: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

For Evangelists: Have you been through evangelistic training? Yes \_\_\_ No \_\_\_

Evangelism Explosion \_\_\_ F.A.I.T.H. \_\_\_ Other \_\_\_\_\_

For Drivers: Please submit a copy of your driver's license with CDL proof and a copy of your medical examiner certificate with this application.

Days of the week you are available?

Tue: *am* \_\_\_ *pm* \_\_\_ Wed: *am* \_\_\_ *pm* \_\_\_ Thu: *am* \_\_\_ *pm* \_\_\_ Fri: *am* \_\_\_ *pm* \_\_\_ Sat: *am* \_\_\_ *pm* \_\_\_

Languages spoken other than English: \_\_\_\_\_

Are you a member of a church? Yes \_\_\_ No \_\_\_ If yes, please list the name and address of the church. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions/Comments: \_\_\_\_\_

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