

The Texas Dental Hygienists' Association

Event Sponsor/Title: _____

Event Location: _____

Event Date: _____ Time: _____

I CAN VOLUNTEER FROM ____ AM – 12 noon ____ 12 noon –PM

(Bring form/gloves/protective lenses)

Event Contact Person: _____ Phone/email: _____

Your Name _____ Phone _____

Address _____ City _____ Zip _____

E-mail address: _____

Bilingual? YES ___ NO ___

Liability Coverage: YES ___ NO ___ Company: _____

For Students Only: Dental Hygiene School: _____

Instructor tracking your community service record: _____

Previous Fluoride Varnish experience: Yes ___ No ___

Sealant Certification: Yes ___ No ___

TDHA and/ or the Sponsor named above may use my photograph for publicity including but not limited to newspaper, TV, radio, website, newsletters & display boards.

Signature _____ Date _____

TDHA Dental Hygiene Community Record

Hygienist's Name: _____

Address: _____

Phone Number: _____

Date of Event: _____

Title of Event: _____

Contact's Name and/or Organization: _____

Location (town/county) of Event: _____

Address: _____

Description of Activity (Please send any photos taken):