



# Westside Compassion

s people reaching out to touch the hearts of others

## Dental Volunteer Information Form

### Personal Information

Name: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_ T-Shirt Size: S  M  L  XL  XL  3XL

Where did you hear about Westside Compassion? \_\_\_\_\_

### Event Information

**Date:** Saturday, July 11, 2008  
**Event Time:** 8:00 to 4:00

**Location:** Hillsboro United Methodist Church  
Hillsboro, Oregon

### Dental Information

Type:  Dentist  Dental Hygienist  Non-Dental Volunteer for Dental Team  
 Dental Assistant  Dental/Hygiene Student Specialty: \_\_\_\_\_

Licensed in Oregon: Yes  No  Malpractice Insurance Carrier: \_\_\_\_\_

License #: \_\_\_\_\_ Policy #: \_\_\_\_\_

If Student, School Name: \_\_\_\_\_

### Availability:

- 10:00-2:00  
 8:00 start time  
 Other Shift \_\_\_\_\_

### Language(s) Spoken:

- \_\_\_\_\_
- \_\_\_\_\_

Not available day of even but able to offer low cost medical care at my clinic

### Equipment and/or Staff Available for Event:

<input type="checkbox"/> Cleaning Instruments	# Available
<input type="checkbox"/> Extraction Instruments	# Available
<input type="checkbox"/> Restorative Instruments (Amalgams and Composites)	# Available
<input type="checkbox"/> Hi-Speed/Lo-Speed Hand Pieces	# Available
<input type="checkbox"/> Gauze, Drapes and Clips	
<input type="checkbox"/> Curing Light	# Available
<input type="checkbox"/> Anesthetic Equipment	
<input type="checkbox"/> Portable Dental Unit	# Available
<input type="checkbox"/> Autoclave and Sterilization Supplies	

<input type="checkbox"/> Toothbrushes	# Available
<input type="checkbox"/> Toothpaste	# Available
<input type="checkbox"/> Floss	# Available
<input type="checkbox"/> Fluoride Tabs	
<input type="checkbox"/> I know of someone who may be able to donate a portable dental unit: _____	
<input type="checkbox"/> Other: _____ _____	

### Dentists Only (I am willing to perform the following):

- Restorative  Exams  
 Extractions Other: \_\_\_\_\_

Pulpotomies (No Complete Root Canals Will Be Performed)

**Please email or mail this form to:**

Westside Compassion  
PO Box 316  
Banks, Oregon 97106

Email: [westsidecompassion.vol@gmail.com](mailto:westsidecompassion.vol@gmail.com)  
Phone: 503-324-7711 (Brian Shimer)