Your Dental School/Organization
(Name)

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VOLUNTEER SERVICE DOCUMENTATION FORM

Student Name: ____________________________________________

Date(s) of voluntary service: ________________________________

• Contacts: ____________________________________________________________________________________

Phone #: ____________ Voluntary Site ____________________________

Number of Hours: _______ Population Served: _________________________

Description of Service:

Lessons In A Lunch Box: Healthy Teeth Essentials & Facts About Snacks® program support, including assisting with the oral health care presentation, dental hygiene instructions and distribution of the lunch boxes at elementary schools.

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The above named student completed the voluntary service as described.

_________________________________________      ______________________________
Signature                                               Date

_________________________________________      ______________________________
Print Name                                              Title