



**Dental Volunteers for Israel
The Trudi Birger Dental Clinic**

VOLUNTEER DENTIST APPLICATION FORM

Last name _____ First name _____ Male() Female()

Home address _____ City _____

Country _____ Email: _____

Year of birth: _____ Place of birth _____

Home: Phone _____ Fax _____ Mobile phone: _____

Office: Phone _____ Fax _____ Other: _____

Languages you speak (mother tongue first) _____

Dental School _____ Year of graduation _____

Degree: D.D.S.() D.M.D.() B.D.Sc.() Other _____

License: State/Country of _____ number _____

Post-Graduate Training _____

Specialty Program _____ From _____ to _____

Are you a member of an Academy of Dentistry? Yes () No () Which: _____

Private Practice: Yes () No () Number of hours per week _____

Dental Clinic Address _____

Do you treat children? Yes () No () Approx. percentage of practice treating children _____

How did you find out about DVI: Internet () professional association () news articles ()

brochures or newsletters () professional conferences () Other _____

Did a specific colleague refer you to DVI? (Name) _____

Volunteering preference dates (apartments at DVI are available from Friday to Friday) Friday of

arrival: 1. _____ 2. _____ 3. _____

How many family members are joining you? ___ Ages: _____

Comments: _____

Date _____ Signature _____