

**Your Dental School/Organization
(Name)**

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.

The above named student completed the voluntary service as described.

Signature

Date

Print Name

Title