



## Nevada State Board of Dental Examiners

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### VOLUNTEER SERVICE PROVIDER APPLICATION

Volunteer Entity Name:
Business Address:
City, State, Zip Code:
Business Telephone:
Email Address:
Volunteer Service Program [Must relate directly to the practice of dentistry and/or dental hygiene and provide details of the volunteer service]:
Number of Participants:
Location for Volunteer Service:
Date(s) of Volunteer Service:
Individual Submitting Request:
Business Address:
City, State, Zip Code:
Business Telephone:
Email Address:
Date of Request:

\_\_\_\_\_  
Signature of Person Authorized to Represent the Volunteer Service Entity

### FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Approved by:
Effective Date or Approval:
Disapproved [Explanation]: