



Volunteers  
 Name: \_\_\_\_\_

Date	Name of Agency	Hours	Supervisor Signature
Total Number of Hours			

Volunteers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please turn in your volunteer hours in one of the following ways:**  
**Drop off at office or mail:** 31 E. Clay Ave. Muskegon, MI 49442  
**Fax:** 231.722.3137  
**Email:** stanis@volunteerdental.org

**Office Phone Number: 231.773.1360**