



Dental Volunteers for Israel
The Trudi Birger Dental Clinic
FAX BACK TO: +972 2 678 4737

or Email to: international@dental-dvi.org.il

Volunteer Dentist Registration Form

Personal Information

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

Home address _____

City, State & Zipcode _____ Country _____

Email: _____ Year of birth: (dd/mm/yyyy) _____

Phone _____ Fax _____ Mobile phone: _____

Religion: _____ **(this information will be used only to suggest touring options, etc. that are relevant for you)**

Professional Information

Dental School _____ Year of graduation _____

Please note that we can only accept volunteer dentists with a full two years experience – minimum.

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

License: State/Country of _____

Post-Graduate Training – Endodontist, Pedodontist, General Dentistry, Periodontist, Oral Surgery,

Other _____

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

Volunteering Information

How did you find out about DVI: check box 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. _____

For how many weeks would you like to volunteer? _____

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

Comments: _____

Date _____