



VOLUNTEER SERVICE VERIFICATION FORM

Lifelong Learning and Service Recognition Application

This form must be completed by the organization for which the Lifelong Learning and Service Recognition (LLSR) candidate provided volunteer service. The LLSR candidate is expected to retain the completed and signed verification form and submit it with the LLSR application.

To Be Completed by the LLSR Candidate

First name _____ Last name _____ AGD ID number _____

To Be Completed by the Organization That Received Volunteer Service

Organization name _____ Website _____

Street address _____ City _____ State/Province _____ ZIP/Postal code _____ Country _____

Check one: For-profit Not-for-profit

Purpose/mission:

Representative name _____ Telephone _____ Email _____

Signature _____

Candidates may receive credit toward LLSR by performing dental-related community service and/or service to organized dentistry. Please complete the following information to verify the volunteer service performed and return this form to the LLSR applicant.

Dental-Related Community Service

Please indicate the type of *dental-related community service* that the LLSR candidate performed:

- | | | | |
|---|--|---|--|
| Providing <i>pro bono</i> dental services through a nonprofit organization | Volunteering at a community program, such as a health fair | Providing dental screenings to athletes through Special Olympics Special Smiles | Instituting a mouthguard program for a school, college, or professional sports team, or a youth athletic association |
| Mentoring a student, emerging dentist, or struggling colleague through a recognized dental organization | Presenting on dental-related topics to school, civic, religious, or community groups, or other health professionals | Volunteering at a local or national dental meeting, e.g., working at an organization's booth | Providing dental education programs at elementary or secondary schools |
| Serving at a volunteer dental clinic | Providing oral cancer screenings at a local church, synagogue, school, health fair, nursing home, retirement community, etc. | Serving as an unpaid team dentist for a school, college, or professional sports team, or a youth athletic association | Volunteering as a Boy/Girl Scout merit badge leader for dental health |
| Serving overseas on a dental mission | | | Other |

For all categories checked, please describe the service provided. If necessary, please continue on an additional sheet.

Please attach all documentation verifying your dental-related community service for each organization (e.g., a formal confirmation or thank-you letter on the organization's letterhead).

To Be Completed by the Organization That Received Volunteer Service *(continued)*

Please indicate when the service occurred:

Type of service	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Number of hours

Did the LLSR applicant receive financial or in-kind payment for services? Yes No

If yes, please explain:

Service to Organized Dentistry

Please indicate the type of *service to organized dentistry* that the LLSR candidate performed:

Serving as a leader for a national dental organization

Serving as a leader for a state/provincial, constituent, or component dental organization

Other: _____

Please describe the scope of the leadership position (e.g., constituent president):

Please indicate when the service occurred:

Type of service	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Number of hours

Did the LLSR applicant receive financial or in-kind payment for services? Yes No

If yes, please explain:

For AGD Staff Use Only

Additional verification: