



American
Dental
Hygienists'
Association

Oregon

Volunteer Interest Form

First/Last Name/Credentials: _____

Component: _____ Date/Event: _____

Complete Address: _____

Cell Phone: _____ Text: Y N Alternate Phone: _____

Email*: _____

**Note – Most correspondence/confirmation will be sent via email*

Volunteer Criteria:

- Must be an ADHA Member
- Must be able to commit and represent ODHA when volunteering

Area(s) of Interest (check all that apply):

Future Leadership	Component Leadership	Student Advisor/Mentor
Special Projects	Committee/Council	Technical Assistance
Room Monitor at CE/Events	Greeter	Floater at CE/Events
Speaker Host	Member Services	Fundraising
Page/Teller (HOD)	Registration at Events	National Dental Hygiene
Collaborative Efforts	Government Relations	Month (NDHM)
ODHA Infrastructure	Student Activities	DH Autonomy
Educator Forums	Stakeholder Education	Independent Practice
ODHA Policy & Procedure	Meeting Planning	Other _____

Please complete and return to Shaney Starr at Shaney@vannattapr.com
 or mail to: ODHA c/o Spire Management, 3340 Commercial St SE, Ste 210, Salem, OR 97302
 or via fax at 503.585.8547