

Date request form

Please scan and email or fax the “Date request” form and signed “Released & waiver” form to: info@prohomine-dental-aid.org or fax **+43 5574 71314-9**.

Name: _____

Address: _____

Telephone: _____

Mobile: _____

Email: _____

Nationality: _____

Passport number: _____

Exp. date: _____

Will you bring an assistant? Yes No

(An assistant can be office staff, spouse or teen, 16 and above, or friend.)

Assistant Name: _____

Address: _____

Telephone: _____

Mobile: _____

Email: _____

Nationality: _____

Passport number: _____

Exp. date: _____

Will you bring your family? Yes No

If yes: How many members? _____

Please indicate 3 dates for your 2 weeks service in the clinic:

• 1st choice date request: Sunday, Day: _____ Month: _____ Year: _____

• 2nd choice date request: Sunday, Day: _____ Month: _____ Year: _____

• 3rd choice date request: Sunday, Day: _____ Month: _____ Year: _____

The clinic schedule is as follows:

| Day | Local | Time |
|------------------------|-------|---------------|
| 1 st Sunday | CIDC | 14:00 - 17:00 |
| Mon - Thu | CIDC | 8:00 - 17:00 |
| Friday | CIDC | 8:00 - 12:00 |

“Date request form” and “Release & waiver form” must be filled out and signed before a confirmation of your selected date will be sent to you, either by a phone call or through an email from PRO HOMINE.

Once you received the date confirmation from us, you also agreed to donate funds to cover the costs of managing the logistics of moving people, supplies, equipment used and meals provided (€1,000.– for dentists and €500.– for dental technicians). PRO HOMINE follows the highest standard of financial integrity. We are fully accountable to you. 100% of your donation goes to provide dental supplies, cover general costs that your visit might bring and general upkeep of the clinic during your volunteering programme.

We ask you to send us the funds once you received the confirmation date so we can organize the material you will be using during your programme. Please make a deposit on the following bank account and send us a bank transfer confirmation.

Account name of:

Pro Homine - Dr. Peter Huemer

IBAN: AT903748200000059808

BIC: RVVGAT2B482

Raiffeisenbank Hofsteig