



Community Event Report Form

Event Venue (Name of Church, School, etc): _____

Date: _____ Time: _____

Address: _____

City/State/Zip Code: _____

Total # of event attendees: Children _____ Adults _____ Seniors _____

Number of volunteers / Hours served: Pre-event _____ / _____

On-site _____ / _____

Post-event _____ / _____

Health Professionals

Number of Health Professional volunteers onsite: _____

Total Hours served: _____

Specialty Area(s) List: _____

Oral screenings:

#Children _____

#Adults _____

#Seniors _____

Referrals:

#Children _____

#Adults _____

#Seniors _____

Oral health education:

#Children _____

#Adults _____

#Seniors _____

Number of surveys collected: _____

Number of oral health product donation bags distributed:

Children _____

Adults _____

Seniors _____

Please fax or e-mail this form back to Dr. Nicole Cheek at 240.297.9181 or ncheek@ndaonline.org