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: Referrals: Oral health education:

#Children__________ #Children__________ #Children__________

#Adults___________ #Adults___________ #Adults___________

#Seniors__________ #Seniors__________ #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 nccheek@ndaonline.org