

2020 Volunteer Survey

HEALTHY MOUTH HEALTHY BODY INITIATIVE 2020

Our Vision

To enhance the awareness of total body wellness by partnering with 2,000 medical practitioners on the Peninsula throughout the year 2015. Our community will practice better self-care based on increased awareness of the life-enhancing connection between Oral Health and Total Health.

Our Mission

To increase the health and wellness of 20,000 Peninsula residents by the year 2020 through the collaboration of local organizations supporting the integration of Dental Health into Total Health.

Please take a few minutes to tell us about yourself and your preferences, as well as how you think you can best be of assistance in achieving our vision.

Name: _____

Prefer to be called: _____

Email address: _____

Phone: _____

How would you describe your present status, ie (student/employed/retiree/stay-at-home parent/ etc)? _____

Approximate number of hours per week that you will be able to offer? _____

1. Why are you interested in being a volunteer with our initiative? _____

2. Do you have an interest in or a connection with any particular organizations related to health? (If so, circle those that apply or state your interest in working with them.)
March of Dimes, American Cancer Society, Alzheimer's Association, American Heart Association, American Diabetes Association, or list others)



Healthy Mouth Healthy Body 2020

3. Of the following areas, which do you prefer to be involved with? (check and/or circle)

- Marketing / Graphic Design/ Writing / Press Releases
- Dance / Music - to include "rap" for our theme song
- Photography / Film / Video production
- Gain experience in healthcare-related fields (pre-dental / pre-med, etc.)
- Acquiring sponsorships
- Acquiring donations of goods/gift certificates for door prizes
- Grant writing
- Applying for non-profit (5013C) status
- Social media skills
- Administrative Assistant with strong organizational and business management skills
- Leadership skills

4. When are the best times for you to attend meetings? (Check all that apply)

M____T____W____TH____F____ 5PM__5:30PM__6PM__6:30PM__7PM__

Additional Comments or Suggestions:

Would you like to suggest others who would be interested in joining our efforts?

Please turn in, fax or drop off at our office, at the contact information below.

