

GIVE KIDS A SMILE VOLUNTEER SIGN-UP FORM

February 3, 2012

PLEASE COMPLETE ALL FIELDS (PRINT OR TYPE) Please be sure to include email address!

NAME: _____
LAST
FIRST
INITIAL
DEGREE

HOME ADDRESS: _____
STREET / APT.
CITY
STATE
ZIP

HOME PHONE # () _____ CELL PHONE # () _____

PERSONAL E-MAIL ADDRESS (**REQUIRED FOR CE**): _____

DENTAL OFFICE OR ORGANIZATION: _____

ADDRESS: _____
STREET / APT.
CITY
STATE
ZIP

OFFICE PHONE # () _____ OFFICE FAX # () _____

OFFICE E-MAIL ADDRESS: _____

I AM A RETURNING VOLUNTEER: ___YES ___NO

Due to budget constraints, RETURNING VOLUNTEERS, please use previous year t-shirt. T-shirts for new volunteers only

T-SHIRT NEEDED ___YES ___NO SIZE _____ I WOULD LIKE A **GKAS SCRUB TOP (\$20)** _____ SIZE _____

**** **DOCTORS, PLEASE BRING YOUR OWN ASSISTANTS (EACH BEING SIGNED UP INDIVIDUALLY)** ****

- Clinic Set Up: _____ Thursday: Feb 2, 2012 3:00 p.m.— 5:00 p.m.
- Clinic Participation: _____ Friday: Feb 3, 2012 7:30 a.m.— 4:30 p.m. (all day)
- Clinic Partic. During Lunch: _____ Friday: Feb 3, 2012 11:00 a.m.— 1:30 p.m. (during lunch hour)
- Clinic Break Down: _____ Friday: Feb 3, 2012 3:00 p.m.— 5:00 p.m.

SELECT A POSITION: (4 hours CE credit will be issued for all day volunteers, 2 hours CE for half-day volunteers)

1..... DENTIST Professional License # _____	Specialty / area of interest: _____
2..... HYGIENIST Professional License # _____	Anesthesia Certified Y N Area of interest: _____
3..... DENTAL ASSISTANT	Area of interest: _____
4..... AMBASSADOR:	School/agency represented _____
COMMENTS: _____ _____	

PLEASE FAX OR MAIL YOUR FORM TO: **GKAS, c/o Sharon Mock**
334 S. 8th St.
Quincy IL 62301
217-222-4180

FAX: 217-222-4525