

GIVE KIDS A SMILE VOLUNTEER SIGN-UP FORM

February 9, 2018

PLEASE COMPLETE ALL FIELDS (PRINT OR TYPE)

**Please be sure to include your personal email address so you receive your CE credits!
We need a unique email, not the office- unless you are the only one. No unique email, no CE credit
Do not include your email address? You will not receive CE credits.**

NAME: _____
LAST
FIRST
MI
DEGREE

HOME ADDRESS: _____
STREET / APT.
CITY
STATE
ZIP

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

PERSONAL E-MAIL ADDRESS (if you want your CE credit): _____

DENTAL OFFICE OR ORGANIZATION REPRESENTED: _____

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

OFFICE E-MAIL ADDRESS: _____

I AM A RETURNING VOLUNTEER: _____ YES _____ NO, this is my first event

**Due to budget constraints, if you are a returning volunteer, please use previous year T-shirt. T-shirts are for new volunteers only. Thanks!

*****DOCTORS- PLEASE BRING YOUR OWN ASSISTANTS*****

Please have each assistant/staff register with their own form

Clinic Time is 7:30 a.m. to 5:00 p.m.

SELECT A POSITION: (Participation C.E. credits will be issued at a 50% rate, e.g. 4 hours C.E. credit for all day volunteer, etc.)

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 Ann Ramsey**
 334 S. 8th St. Quincy IL 62301
 Phone: 217-222-4180 ~ Fax: 217-222-4525

For GKAS Office Use Only: Please do not fill out:

Date Received: _____ Position: _____