

## GIVE KIDS A SMILE VOLUNTEER SIGN-UP FORM

**2020 +**

PLEASE COMPLETE ALL FIELDS (PRINT OR TYPE)

NAME: \_\_\_\_\_  
LAST
FIRST
MI
DEGREE

HOME ADDRESS: \_\_\_\_\_  
STREET / APT.
CITY
STATE
ZIP

HOME PHONE # (     ) \_\_\_\_\_ CELL PHONE # (     ) \_\_\_\_\_

PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

DENTAL OFFICE OR ORGANIZATION REPRESENTED: \_\_\_\_\_

OFFICE PHONE # (     ) \_\_\_\_\_ OFFICE FAX # (     ) \_\_\_\_\_

OFFICE E-MAIL ADDRESS: \_\_\_\_\_

I AM A RETURNING VOLUNTEER: \_\_\_\_\_ YES \_\_\_\_\_ NO, this is my first time as a GKAS volunteer

DAY(s) of the week I am available to volunteer (circle) M T W Th F I am willing to travel: Y N

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

**Please have each assistant/staff register with their own form**

SELECT A POSITION:

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

PLEASE FAX OR MAIL YOUR FORM TO:    **GKAS, c/o Ann Ramsey**  
 334 S. 8<sup>th</sup> 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: \_\_\_\_\_

Can travel: Y N Days available \_\_\_\_\_