



Giving Kids a Dental HEAD START in Our Community™

KinderSmile “Give Back A Smile” Program Dental Volunteer Form 2016-17

Name _____

Business Address _____

Address for mail delivery if different from above _____

Contact Information – Cell Phone _____ Fax _____

Alternate Contact – Cell Phone _____

Email _____

Years in Practice _____ Specialty _____

NJ State Dental License/ Registration Number _____

Expiration date of your current Professional Liability Insurance (PLI) _____

Name of your PLI and Policy Number _____

Are you a Member of NJDA / NJDHA? Yes No

Have you previously been a volunteer for KinderSmile Foundation? Yes No

Please indicate your availability to volunteer with us for the following programs:

KinderSmile Oral Health Program (KSOHP) & KinderSmile Community Oral Health Center (KSCOHC)

Volunteer Time:

Monday to Friday: 9am – 12 pm or 12pm – 6pm

Saturday: 8am – 11am or 11am – 2pm

Custom Time

Mon	Tues	Wed	Thu	Fri	Sat

Community Food Bank: Kids Café, After-School program Newark

Monday to Friday 3pm – 6pm

Mon	Tues	Wed	Thu	Fri

Give Kids a Smile 2017 (GKAS)

GKAS 2017 on Friday 02/03/17 in Montclair from 9 am – 2 pm

You may volunteer the full day or any part of the day at GKAS.

Full Day 9AM - 2PM	9AM - 12 PM	12PM - 2PM	Custom Time

I certify that information provided above is accurate. As a volunteer for KinderSmile Foundation, I will abide by the ethics and professional code of conduct implemented by the NJ State Board of Dentistry.

Signature _____ Date _____

Print Name _____ Title _____

KinderSmile Foundation
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