



Giving Kids a Dental HEAD START in Our Community™

Community Service Learning Program Application

2016-2017 School Year

Name of Student _____ Date of Birth _____

Address _____

Email _____ Cell phone _____

School _____ Grade in School _____

Contact Information for Parent/Guardian

Name of Parent/Guardian _____ Phone _____

Address _____

Email _____

School or Organization Contact

Name _____ Title _____

Address _____

Email _____ Phone _____

How did you learn about the Community Service Learning Program offered by KinderSmile?

Friends School Parents KinderSmile Web site Other: _____

Answer this question on a second sheet of paper:

List your previous Community Service. What does Community Service mean to you?

**Please print, fill and return this application via Email (KSF@kinderSmile.org)
or Fax (973-944-7008)**

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