

Join in our Celebration!

Copy & Distribute ■ One Form per Volunteer
Please Print Clearly ■ Complete Entire Form

- Doctor Hygienist Assistant
 Other _____
 (i.e., Front Office, Student, Faculty, Parent, Administrator)
- Friday, February 3 Desert Dentistry, Phoenix
 Saturday, February 4 Mohave Community College
 Saturday, February 4 Sun Life, Casa Grande/San Manuel
 Saturday, February 4 Douglas – location TBD
 Friday, February 10 Phoenix Community College
 Friday, February, 17 Pima Community College
 Saturday, February 18 Midwestern, Glendale
 Saturday, March 17 Wilcox– location TBD
 Friday, April 13 A.T. Still University – ASDOH
- I would prefer to host an event in my office.
 Please send me # _____ children on _____ date.
- Yes, I am willing to accept referrals and donate aftercare following an event (dentists and specialists)
- Sorry, I cannot participate but please contact me about donating funds or in-kind materials to support these events.

Events are from 8:00 AM – 3:00 PM

CE credits are available for all interested volunteers

Name _____
 Office/School _____
 Address _____
 City/State/Zip _____
 Phone _____
 Fax _____
 Email _____
 Bilingual Spanish Other _____
 AZ BODEX License # _____

Scrub Top: XS S M L XL XXL XXXL

Giving Smiles for Ten Years 2003 - 2012

10,000 Children Served
6,000 Generous Volunteers
\$3 MILLION in Services Statewide

Register your entire staff for a unique team-building experience!

Give Kids a Smile reaches out to treat vulnerable, underserved children while building awareness of the impact of oral disease on our future communities.

_____ (Waiver: please read and initial). In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, the following entities or persons: Arizona Dental Foundation and Arizona Dental Association their directors, officers, employees, volunteers, representatives, and agents, the even holders, event sponsors, event volunteers; (B) Indemnify and hold harmless, and agree not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. By registering for this event, I grant the Arizona Dental Foundation and its agents the right to use my picture, voice, and other reproductions in connection with advertising or publicizing ADF/AzDA and its activities in all forms of media related to this event.

Fax your completed form to (480) 344-1442
Questions? Contact penny@azda.org
 (480) 344-5777 or (800) 866-2732 x325

