VOLUNTEER REGISTRATION FORM

May 8 - 9, 2009 ***Remember: Cutoff Date for Pre-Registration is April 20, 2009***

Only ONE registrant per form please. Duplicate as necessary.

PLEASE PRINT CLEARLY or TYPE (BOTH SIDES)

Name:____

Address: ______________________ City: ______________ State: _____ Zip: ____________

Phone (daytime): ______________Fax____________ Email: ______________________

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION

☐ **Yes** ☐ **No** **Will this be the first ArMOM event you have participated in?**

DENTIST VOLUNTEERS

Dentist License #______________ State ________ Specialty ____________________

Please indicate the area you wish to volunteer

☐ Surgery ☐ Restorative ☐ Numbing ☐ Triage

OTHER VOLUNTEERS

☐ Hygienist ☐ Assistant ☐ Nurse ☐ Pharmacist ☐ Dental Staff ☐ Eqpt. Tech. ☐ Other _____

Please indicate the area you wish to volunteer

☐ Assisting ☐ Sterilizing ☐ Check-in/Check-out ☐ Registration

☐ Floor Runners ☐ Volunteer Food Area ☐ Central Supply

☐ Yes ☐ No I have had a Heptavax and would be willing to work with Dental Instruments (Sterilization).

☐ Yes ☐ No Have you been pre-assigned to work in a particular area upon arrival at ArMOM? If so, where

____

☐ Yes ☐ No Are you volunteering as a part of a dental team, church, community group or club?
If so, please name ____

GENERAL and DENTAL volunteers work the following schedule:		**MEDICAL** volunteers work the following schedule:	
Morning	**Afternoon**	**Morning**	**Afternoon**
6:00 AM - 12:00 PM Check in at 5:30 AM	12:00 PM - 5:00 PM Check in at 11:30 AM	5:00 AM - 11:00 AM Check in at 4:30 AM	11:00 AM - 5:00 PM Check in at 10:30 AM

I WILL VOLUNTEER ON THE FOLLOWING SESSIONS (Check ALL that apply)

(Set-up only) **Thursday, May 7**			**Friday, May 8**			**Saturday, May 9**			***(tear down)*** **Sunday, May 10**
All Day	**Morning**	**Afternoon**	**All Day**	**Morning**	**Afternoon**	**All Day**	**Morning**	**Afternoon**	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

T-Shirt Size (Adult Sizes Only) ☐ **S** ☐ **M** ☐ **L** ☐ **XL** ☐ **XXL** ☐ **XXXL**

I can speak and can translate: ☐ Spanish ☐ German ☐ Vietnamese ☐ Other ____________

ArMOM volunteer forms will be available on the ASDA website www.dental-asda.org. Pre-Registration deadline is April 20, 2009

If you would like to make a monetary or supply donation, please contact the Arkansas Dental Charitable Foundation office at 501/834-7650 or 800/501-2732.

Mail or FAX to:
Arkansas MISSION OF MERCY
7480 Highway 107
Sherwood, AR 72120
FAX: 501/834-7657

Arkansas Mission of Mercy Volunteer Service Agreement

The undersigned on behalf of themselves and their estate, hereby waives any right of recovery and releases the Arkansas State Dental Association (ASDA), their officers, officials, employees and agents, from liability related to the Undersigned, arising from any and all injury to persons and damage to property, and further agrees and undertakes to indemnify, hold harmless and defend the ASDA from and against any and all claims, damages, actions, liability and expenses including attorney's fees and other professional fees in connection with bodily injury including death, personal injury and/or damage to property arising from or out of the Undersigned's activities and participation in volunteer services at the above Arkansas Mission of Mercy.

The Undersigned further acknowledges and agrees that the ASDA does not assume any responsibility whatsoever for any property of the Undersigned and the Undersigned shall not hold the ASDA liable for any loss or damage to same.

By completing and returning this form, you also grant to the Arkansas State Dental Association and its agents the right to use your picture, voice and other reproductions of your physical likeness in connection with advertising or publicizing Arkansas Mission of Mercy services and its activities in all forms of media in perpetuity.

Print Volunteer Name:____

Volunteer Signature: ____ Date: __________________

For Youth Under 18 Years of Age

Signature of Guardian: _______________________________________Date: __________________

In case of emergency, please contact:

Print Name: ___________________________________ Relationship:__________________________

Phone:__________________________