



AGD/AGD FOUNDATION
PHILADELPHIA
OUTREACH PROGRAM



Volunteer Commitment Form

This form acknowledges your commitment to volunteer for the **AGD/AGD Foundation Outreach Program: *Nation of Smiles, One Smile at a Time***, at the **University of Pennsylvania School of Dental Medicine, in Philadelphia, PA on Saturday, June 23, 2012.**

Your completion of this form will allow us to appropriately schedule patient arrivals and participant involvement.

All volunteers are welcome, dentists as well as staff. Must be age 18 or older. **Please note: Due to state law, at this time, only dentists and auxiliary staff who are licensed in the State of Pennsylvania can provide clinical services at this event. However, there will be plenty of opportunities to serve. Dental team members also are needed. Corporate sponsors also may supply manpower.**

NOTE: Dentists and auxiliary staff who are licensed in the State of Pennsylvania must provide copies of the following when submitting their volunteer form: practice license, proof of professional liability insurance, and driver's license.

PLEASE COMPLETE A SEPARATE FORM FOR EACH VOLUNTEER ATTENDEE!

THE AGD/AGDF WILL PROVIDE:

- ✓ A beneficial and life-enriching experience
- ✓ A fully equipped work station
- ✓ Lunch
- ✓ A custom designed t-shirt
- ✓ A certificate (suitable for framing) attesting to your volunteer work at the AGD/AGDF Philadelphia Outreach Program.

THE AGD/AGDF ASKS THAT YOU:

- ✓ Work the agreed number of hours you commit to
- ✓ Only perform dental procedures that are within your ability
- ✓ Notify the AGD/AGDF in advance if you will not be able to volunteer at your selected time



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✓ Conduct yourself in an appropriate and ethical manner at all times
✓ Have fun and do good work!

Name: _____

Address: _____ City _____ State _____

Office Phone: _____ Cell Phone _____

E-mail address: _____

I am (check one box):

- Pennsylvania Licensed Dentist
- Other Dentist
- Pennsylvania Licensed Dental Hygienist
- Pennsylvania Licensed Dental Assistant (EFDA)
- Pennsylvania Non-licensed Dental Assistant
- U. of Penn. Faculty Dentist
- U. Of Penn Dental Student
- Other (specify) _____

Please select work shift (orientation will be held at the start of each shift):

- All Day: 7 a.m. to 4 p.m.
- AM Only: 7 a.m. to Noon
- PM Only: 11: 30 a.m. to 4 p.m.
- Other (specify hours): _____

I would like a t-shirt size of:

- X-Small
- Small
- Medium
- Large
- X-Large
- 2X-Large
- 3X-Large



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This agreement is binding in honor only.
It is not intended to be a legally binding contract between you and AGD/AGDF and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.

Signature

Date

IMPORTANT: Dentists and auxiliary staff who are licensed in the State of Pennsylvania must provide

copies of the following when submitting their volunteer form: practice license, proof of professional liability insurance, and driver's license; documents must cover the date of the June 23, 2012 outreach event.

Fax to Jennifer Howard, Specialist, AGD Foundation, at 312.335.3426 or email to jennifer.howard@agd.org
Questions? Call Jennifer at 888.243.3368 ext 4345.