



2018

**DELAWARE STATE DENTAL SOCIETY
15TH ANNUAL GIVE KIDS A SMILE
VOLUNTEER REGISTRATION**

FAX TO: 302-368-7669 BY FEBRUARY 1, 2018

Saturday, February 10, 2018

8:00 AM to 2:30 PM

(Please check the site where you would like to volunteer)

_____ **OFFICE OF GRAYLYN DENTAL**
2205 Silverside Road
Wilmington, DE 19810

_____ **OFFICE OF DENTAL ASSOCIATES OF DELAWARE**
106 St. Anne's Church Road
Middletown, DE 19709

_____ **OFFICE OF DR. DOUGLAS DITTY**
1004 South State Street, Suite 1
Dover, DE 19901

Please check one: ___ Dentist ___ Hygienist ___ Assistant ___ Staff

_____ Yes, I can remain beyond 2:30 PM if necessary for restorative procedures.

_____ Yes, I can act as a Spanish Interpreter.

_____ Yes, I am willing to provide a **MONETARY** contribution towards dental supplies and/or refreshments for the volunteers. Please send a check to the DSDS office. Thank you.

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

COMPLETE THIS FORM AND FAX TO: 302-368-7669 BY FEBRUARY 1, 2018