



ADA American Dental Association®

# 19th Annual Give Kids A Smile® - Friday, February 7, 2020

**ACCA Shriners Temple  
1712 Bellevue Avenue  
Richmond, VA 23227**

The Richmond Dental Society in conjunction with the American Dental Association, Virginia Dental Association Foundation, Henry Schein, DentaQuest and our many Community Partners are participating in the 19<sup>th</sup> Annual Give Kids A Smile® program on Friday, February 7, 2020.

Dentists, hygienists, assistants, administrative staff, dental and hygiene students and non-dental individuals are needed to volunteer 8:00 a.m. to approximately 1:30 p.m. Children are scheduled 9:00 am through 1:00 pm and will receive a visual exam, toothbrush prophylaxis (cleaning), fluoride varnish and oral hygiene instructions. Volunteers are requested to arrive no later than 8:00 a.m. to sign-in, receive instructions and participate in the group photo. Breakfast and lunch will be provided.

### Register to volunteer by submitting this form by January 24, 2020!

**Please PRINT LEGIBLY**

I speak Spanish

Name: \_\_\_\_\_ Dental/Hygiene License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Dental Office or Organization: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### I wish to volunteer on February 7th:

Dentist       Hygienist       Assistant       Administrative Staff

Dental Student – Year \_\_\_\_     Hygiene Student – Year \_\_\_\_     Other \_\_\_\_\_

### My “preferred” position is:

OHI     Triage     Treatment     Registration     No preference

I will provide FREE follow-up treatment for approximately \_\_\_\_\_ uninsured children who do not currently have a dental provider.

I am a Smiles for Children provider and wish to provide follow-up treatment for approximately \_\_\_\_\_ children who are insured through Medicaid / FAMIS but do not currently have a dental provider.

I am willing to assist with event preparations prior to February 7<sup>th</sup>.

I am willing to assist with set-up on Thursday, February 6<sup>th</sup> during the morning and/or afternoon.

\*\*\*\*\*THIS IS A DOUBLE-SIDED FORM - BOTH SIDES MUST BE COMPLETED\*\*\*\*\*

## **Worker Safety, Release and Confidentiality Documentation**

### **Exposure Control Plan**

I understand there is potential risk for exposure to blood borne pathogens (BBPs) including human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV), as well as other bacteria, protozoa, viruses and prions during the performance of my volunteer service at this Give Kids A Smile® event. I understand that I am personally responsible for any medical fees and services associated with a percutaneous piercing wound typically set by a needle point, but possibly by other sharp instruments or objects.

I have reviewed and agree to the Give Kids A Smile Exposure Control Plan.

### **Confidentiality Policy**

I understand that while I am participating as a registered volunteer for a Give Kids A Smile® event, it is mandatory that I maintain complete privacy and confidentiality of all patients. This pertains to all present and future digital, written and verbal communications referring to any Give Kids A Smile patient. I also understand that unless I am obtaining information strictly for patient registration, I DO NOT ASK a patient any questions regarding medical/dental insurance coverage or Medicaid/FAMIS. By completing this volunteer registration, I acknowledge that I have read, understand, and agree to adhere to this policy of confidentiality for Give Kids A Smile.

### **Release and Indemnification**

Upon completion of this registration, I release and indemnify Give Kids A Smile, a non-profit outreach program of the American Dental Association, Virginia Dental Association Foundation and Delta Dental's Smart Smiles®, all their respective officers, directors, agents, contractors, sponsors, heirs, successors and assigns, from prosecution or presentation of any claim for bodily injury or death or for property loss or damage incurred in connection with the Give Kids A Smile event or related activities.

### **Photo Release Statement**

I hereby grant permission to Give Kids A Smile representatives to take and use: photographs, quotes, testimonials, and/or digital images of me for use in news releases and/or education materials. These materials might include printed or electronic publications, websites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s) or statement(s). I authorize the use of these images or statements without compensation to me. All negatives, prints, digital reproductions shall be the property of the Give Kids A Smile event.

I have reviewed and agree to the Give Kids A Smile Confidentiality Statement, Release and Indemnification Policy, and Photo Release Statement.

### **For Dentists and Dental Hygienists\*\*:**

I hereby attest that my professional license is not restricted, suspended or revoked, nor is any such action pending, pursuant to disciplinary proceedings in any jurisdiction.

**Please email ([richmond dental@verizon.net](mailto:richmond dental@verizon.net)), Fax to 804-323-5192 or mail this form AND applicable documents\*\* by January 24<sup>th</sup> to:**

**Richmond Dental Society  
Linda G. Simon, Executive Director  
14241 Midlothian Turnpike, #509  
Midlothian, VA 23113**

**Questions:** Contact Linda G. Simon at 804.323.5191 / richmond dental@verizon.net

**Thank you for your commitment to the 2020 Give Kids A Smile program.**