



# VOLUNTEER REGISTRATION FORM

Kansas Mission of Mercy  
Making a Difference

Garden City, KS  
April 18-19, 2008

**Only ONE registrant per form please. Duplicate as necessary.**

Name (please print clearly): \_\_\_\_\_ First Name for Badge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION.**

*The Kansas Dental Charitable Foundation requires that all volunteers at the KMOM Clinic be at least 18 years of age unless accompanied by a parent or a guardian. Sixteen and Seventeen year olds may volunteer, but must be accompanied by a parent or guardian during the KMOM event and no volunteers will be permitted under the age of 16. Additionally, no volunteer under the age of 18 will be permitted to work on the clinic floor.*

I am at least 16 years of age and have read the Kansas Mission of Mercy Volunteer Service Agreement on the reverse side and agree to its terms and conditions.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(If Volunteer is under the age of 18)

Yes  No Will this be the first KMOM event you have participated in?

Dentist License # \_\_\_\_\_ State \_\_\_\_\_ Specialty \_\_\_\_\_

Hygienist License # \_\_\_\_\_ State \_\_\_\_\_

Dental Assistant

Yes  No Will you be working at a dental chair performing clinical procedures?

Dental Office Staff

Dental Supply/Equipment Representative or Technician

Dental Student  Hygiene Student  Dental Assistant Student

Medical (MD, RN, CNA, EMT, etc.) \_\_\_\_\_

General Volunteer \_\_\_\_\_

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 KMOM-GC? If so, where \_\_\_\_\_

Yes  No Are you volunteering as a part of an organization such as a church, community group or club (do not list dental offices)? If so, please name \_\_\_\_\_

**GENERAL** and **DENTAL** volunteers work the following schedule:

**Morning**

**6:30 AM - 12:00 PM**

(check in at 6:00 AM)

**Afternoon**

**11:30 PM - 5:00 PM**

(check in at 10:30 AM)

**CLINIC SET UP:**

**Thursday**

8:00 am - 4:00 pm

**MEDICAL** volunteers work the following schedule:

**Morning**

**5:30 AM - 11:00 AM**

(check in at 5:00 AM)

**Afternoon**

**11:00 AM - 5:00 PM**

(check in at 10:30 AM)

**CLINIC TEAR DOWN:**

**Sunday**

8:00 am - 3:00 pm

(end times are approximate)

**I WILL VOLUNTEER FOR THE FOLLOWING SESSION(S):**

**Morning**

**Afternoon**

**Set Up/Tear Down**

Friday, April 18, 2008

Thursday

Saturday, April 19, 2008

Sunday

EVENING MEALS I WILL BE ATTENDING:  Thursday  Friday  Saturday

T-SHIRT SIZE (Adult Sizes Only)  S  M  L  XL  XXL

Besides English, I speak and can *translate*: Spanish German Vietnamese Other \_\_\_\_\_

KMOM project updates and announcements will be posted on the KDCF website at [www.ksdentalfoundation.org](http://www.ksdentalfoundation.org). A packet with agenda, directions, and other materials will be mailed to all volunteers in March and will also be available on the KDCF website.

Return to:

KANSAS MISSION OF MERCY ▪ 5200 SW Huntoon, Topeka, KS 66604 ▪ FAX: 785/272-2301

## **Kansas Mission of Mercy Volunteer Service Agreement**

The undersigned on behalf of themselves and their estate, hereby waives any right of recovery and releases the Kansas Dental Charitable Foundation (KDCF), 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 KDCF 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 Kansas Mission of Mercy.

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

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