



MISSION OF MERCY (M.O.M.) PROJECT 2014
MARCH 14th & 15th
VOLUNTEER SIGN-UP SHEET
(A separate form is required for each volunteer!)



Mission of Mercy (M.O.M.) 2014 is scheduled for **Friday, March 14, 2014 & Saturday, March 15, 2014** at the Northern Virginia Community College, Medical Education Campus in Springfield. Dental volunteers are needed to staff 40+ chairs between the hours of 7:00am – 5:00pm on both Friday and Saturday. Approximately 700 pre-screened adult patients will be coming from throughout the Northern Virginia region. There are two shifts per day that require coverage. To ensure smooth shift rotations we ask that you commit to a full morning and/or afternoon on either or both days. Please plan to arrive 30 minutes prior to the start of your shift. Services offered will include cleanings, restorative, oral surgery and endodontics.

For those of you who have volunteered in the past, you have experienced the wonderful rewards of working on this project. If you can't volunteer your time, please consider a contribution to the Ellen S. Flanagan (ESF) Memorial Fund which supports NVDS access to dental care projects such as M.O.M., Give Kids A Smile, and our Northern Virginia Dental Clinics. Please make a commitment of time and/or money now!

Our M.O.M. Project helps prove to our legislators that organized dentistry is committed to providing "access to oral health care" to the less fortunate throughout our community. We can make a difference!

THE BELOW REGISTRATION FORM IS FOR DENTISTS, HYGIENISTS AND DENTAL ASSISTANTS ONLY!!!!!!
A SEPARATE FORM IS REQUIRED FOR EACH VOLUNTEER.

ALL OTHER STAFF AND/OR NON-DENTAL VOLUNTEERS SHOULD EMAIL JOANN KNOX AT JOANN.KNOX@GMAIL.COM TO REGISTER.

I can volunteer for the following shifts:

(Please check ALL that apply. Please be flexible with shifts. You will receive a shift(s) confirmation closer to the M.O.M. date.)

Friday, March 14, 2014			
<input type="checkbox"/> 7:00am – 12:00pm		<input type="checkbox"/> 12:00pm – 5:00pm	
Saturday, March 15, 2014			
<input type="checkbox"/> 7:00am – 12:00pm		<input type="checkbox"/> 12:00pm – 5:00pm	

**Note: Please plan to arrive 30 minutes prior to your shift to ensure smooth shift transitions.

A SEPARATE FORM IS REQUIRED FOR EACH VOLUNTEER! **NAME:** _____

I AM A (CHECK ONE): DENTIST(license # required) HYGIENIST(license # required) DENTAL ASSISTANT

SPECIALTY (if dentist) _____ LICENSE # _____

If general dentist, are you willing to perform extractions? Yes No

If general dentist, are you willing to perform root canals? Yes No

WHICH OFFICE DO YOU WORK (if hygienist or dental assistant)? _____

EMAIL: _____ OFFICE PHONE: _____ FAX: _____

T-Shirt Size (circle one): S M L XL XXL

Sorry, these days do not work for me but I want to make a contribution in the amount of \$ _____
 (Check enclosed payable to: NVDS ESF Memorial Fund)

Charge my (circle one): Visa MasterCard AmEx # _____ Exp. Date _____
 Verification Code: _____ Billing Zip Code: _____

Mail Completed Form To: NVDS, 4330 Evergreen Lane, Suite N, Annandale, VA 22003
Fax Completed Form To: 703.750.2261 OR Email To: tdougherty@nvds.org