



Greater New York Dental Meeting Health Screening Volunteer Signup Form

Event Location: Javits Convention Center, 655 W 34th St, New York, NY
Sunday, November 26, 2017 from 10:30am – 5:00pm
Monday, November 27, 2017 from 2:00pm – 5:00pm



This form acknowledges your commitment to volunteer for the GNYDM - NYSAGD Health Screening Program. Your completion of this entire form will allow us to appropriately schedule patient arrivals and participant involvement.

Please **print legibly**. We will register you for the Meeting.

Name: _____

Professional Degree/Specialty _____

Address: _____

City: _____ State: _____ Zip: _____

Office phone number: _____ Cell phone number: _____

E-mail _____

PLEASE COMPLETE A SEPARATE FORM FOR EACH VOLUNTEER ATTENDEE!

Note: Due to New York State Law, only dentists and hygienists who are currently licensed in the State of New York can provide Dental and Health Screenings. **All volunteer dentists and hygienists must provide copies of the following when submitting this volunteer form: practice license and proof of professional liability valid on the date of the screening program (11/26 & 11/27), and current driver's license or state issued photo ID.**

If you are a student and wish to volunteer:

1. Please attach a copy of your student ID when returning this form
2. What is your current year of education? _____

What other languages do you speak? _____

Please check off the Health Screening section(s) where you would like to volunteer:

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Oral Cancer/Caries | <input type="checkbox"/> Eye | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing | <input type="checkbox"/> General (registration/administration) |

Please indicate the session(s) you would like to volunteer:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sunday 10:30am – 1:00pm | <input type="checkbox"/> Sunday 12:45pm – 3:00pm | <input type="checkbox"/> Sunday 2:45pm – 5:00pm |
| <input type="checkbox"/> Monday 1:45pm – 5:00pm | | |

Please report to the front of aisle 6200, several minutes prior to your requested session, for a brief orientation.

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

Please fax all documents to 212-398-6934 or email your form(s) to Ms. Tisha Ioli: Tisha@gnydm.com.

All volunteers will receive a lunch ticket and a coat check voucher.

Greater New York Dental Meeting • 200 West 41st Street • Suite 800 • New York • NY 10036

Fax: 212.398.6934

Email: Tisha@gnydm.com

Telephone: 212.398.6922