SMILEFAITH DENTAL MISSION APPLICATION
(PLEASE PRINT)

Today's Date _____

Which trip **DATE** are you applying for? First Choice _____
Second Choice _____
**leave blank if unsure*

(*First Name*) (*Middle Name*) (*Last Name*)

_____ _____ _____

If doctor, DDS_____ or, DMD_____ Preferred Nickname_____

Address_____

City_____ State_____ Zip _____

Phone_____ Email_____

Date of Birth _____ Marital Status _____ Gender____

List any physical limitations _____

List any recent, serious or recurring health issues including surgeries _____

_____

List any prescribed medications _____

List any allergies (food or other) _____

List any special diet, if applicable _____

Are you diabetic? _____ Are you taking blood thinners? _____

List any breathing issues such as asthma, COPD or sleep apnea _____

_____

In case of emergency, contact: Name_____

Relationship_____ Phone_____ Email_____

Address_____ City_____ State_____ Zip_____

Name of Health Insurance _____ Policy number _____

List any previous missions experience_____

_____

Reason(s) you would like to participate?_____

_____

Check all professional skills and experience that apply to you:

____ Dentist – License #_____ State_____
____ Dental Hygienist – License #_____ State_____
____ Dental Assistant
____ Dental Student (type): _____
____ Nurse (type):_____
____ Medical Assistant
____ Pharmacist
____ Pharmacy Assistant
____ Medical Student (type): _____
____ Ministry (CIRCLE: Evangelism / Preaching / Bible Study / Music / Children / Youth / Prayer / Drama)
____ Other Skills (CIRCLE: Construction / Computers / Business / Art / Cooking / Crafts / Sports / Mechanic)

List Any Other Skills:_____

Languages you speak fluently: _____

PLEASE PROVIDE TWO REFERENCES:

Reference #1:

Name _____ Position _____

Phone _____ Email _____

Reference #2:

Name _____ Position _____

Phone _____ Email _____

Release of Liability

It is understood and agreed that SmileFaith Foundation, Inc. will be held harmless and assumes no liability for injury, damage, loss, accident, medical expenses, delay or irregularity which may be occasioned for any reason whatsoever, due to its own acts or omissions or through the acts or omissions of any company or person engaged by SmileFaith Foundation, Inc. for the purpose of, transporting or housing trip participant, or in carrying out the arrangements of the trip/project, and SmileFaith Foundation, Inc. accepts no liability or responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine, or other causes, natural or otherwise. The right is reserved to SmileFaith Foundation, Inc. to cancel any trip prior to departure, in which case, a full refund will constitute full settlement to trip participant.

I/We have read the foregoing and understand that it is a full and complete release of liability of SmileFaith Foundation, Inc.
Note: If you are under the age of 18, a Parent or Legal Guardian must also sign this and all rules and responsibilities are applicable.

Printed Name_____ Signature_____ Date_____

Parent or Legal Guardian Printed Name_____

Parent or Legal Guardian Signature_____

Send completed "SMILEFAITH DENTAL MISSION TRIP APPLICATION" & copies of applicable documents to SmileFaith. ****Attention Licensed Dental Professionals,*

ALSO INCLUDE: COPIES (NOT ORIGINALS) OF THE FOLLOWING ITEMS, AS APPLICABLE:

- ✓ Professional license
- ✓ DEA license
- ✓ Expanded Duties Certificate (Dental Assistants)
- ✓ CPR certification
- ✓ Hep B vaccination
- ✓ Most recent Titer Test for Hep B

Forward to SmileFaith by:

- **Scan & Email to: chrystal@smilefaithappalachia.org**
- **Or Mail to: SmileFaith Foundation**
  9775 Hwy 805
  Jenkins, KY 41537

IMPORTANT! If you are a **Dentist** or **Hygienist** licensed outside of Kentucky, **"MAIL"** your completed and **"NOTARIZED"** ***Kentucky Board of Dentistry Application for "Charitable Dental Licensure"*** (Dentists) or ***"Charitable Dental Hygiene Licensure"*** (Hygienists) with attached photo to:

Kentucky Board of Dentistry
312 Whittington Parkway, Suite 101
Louisville, KY 40222 *(NOTE: No fee required)*