

Smiles for Success Dentist Volunteer Form

Dentists wishing to participate in the **Smiles for Success** program simply fill out and send this form to:

Smiles for Success Foundation
216 W. Jackson Blvd.
Suite 625
Chicago, IL 60606
Phone: (800) 920-2293
Fax: (312) 750-1203

Participants are then referred to the dentist following completion of their job training and placement program. Dentist's services are donated. Volunteers who are members of the AAWD will be reimbursed up to \$1,500 in lab fees per patient. Non-members will be reimbursed up to \$1,000 per patient. Smiles needs the original invoices mailed or faxed in order to reimburse for lab expenses.

Your Name: _____

Organization: _____

Specialty: _____

Address: _____

City/State/Zip: _____

AAWD Member: Yes No

Phone: _____ **Fax:** _____

Email: _____ **Best time to reach:** _____

How did you hear about Smiles for Success? _____