

Thousand Smiles Volunteer Database Information Form and Sign in Sheet

A) If you are an existing volunteer

(you were asked to register for this clinic online, or by postal mail) then please choose one of the following:

1) if you registered for this clinic online, and you want to sign in, then simply visit <http://www.thousandsmiles.org/tsvolunteer>, sign on, and click on **Sign In For an Earlier Clinic** to sign in for this clinic. *Thank you for using our online tools, it helps us save on postage, and makes it easier for us to communicate with each other.*

or 2) if you registered by postal mail, and you want to sign in, provide your name here:

First Name: _____ **Last Name:** _____

(if your address, phone, or other information has changed, you can use the form below to correct this information).

B) Or, if you are a brand-new volunteer

(you are not in our database, and did not get e-mail or postal registration materials) then please choose one of the following:

1) if you have e-mail and Internet access, visit <http://www.thousandsmiles.org/newvolunteer> and add yourself to our database. Once you are entered in the online database, you will be automatically notified of future clinics via e-mail, and you can visit the website to make changes to your contact information, register for clinics, and more!

or 2) if you don't have an e-mail account, then please provide the following information completely (please print legibly):

Salutation (circle one): Mr. Mrs. Ms. Dr. Lic. Rev. Ign.

First: _____ **Last:** _____ **Middle:** _____

Mother's Lastname: _____ **Nickname:** _____

Company/Organization: _____

Website: <http://> _____

Street Address: _____

City: _____ **Colonia:** _____

State: _____ **Zip:** _____ **Country:** _____

Daytime Phone: (____)_____ **Evening Phone:** (____)_____

Cellular Phone: (____)_____ **Other Phone:** (____)_____

E-Mail Address: _____ *Note: if you have access to e-mail, please consider the instructions provided above for signing up over the Internet. If you sign yourself up online, then there is no need to turn in this form, and the likelihood that your information in the database is accurate will be greater. But, we would be happy to enter your data for you, if you so desire.*

Emergency Contact Name: _____

Emergency Contact Phone: (____)_____

Degree (circle one): AA AS BA BS MS NP PhD DDS MD DMD RDA RN

Other: _____

Languages (circle all that apply): English Spanish German Italian Swedish
French Japanese Chinese Hebrew Vietnamese **Other:** _____

Interests (circle all that apply):

Surgery Dental ENT Ortho Nursing Audiology Speech Translator Runner
Computers Lunches Crafts/Education Construction/Facilities

Specialties (circle all that apply):

Surgery Dental ENT Ortho Nursing Audiology Speech Translator Runner
Computers Lunches Crafts/Education Construction/Facilities

Please alert me for the following clinics (circle all that apply):

February May August November

Notify method (circle one only): Postal Mail E-Mail Phone Do Not Notify

Rotary Member (circle one): Yes No **Club Name/City:** _____

I would like to be notified about fundraising events: Yes No

Questions or need help with your online account? Please send e-mail to thousandmilesmail@yahoo.com