

# INSTRUCTIONS

## VOLUNTEER REGISTRATION FORM Albuquerque NM MOM–October 14-17, 2010

**Volunteering at NM MOM is a heartwarming experience.**

**Committing to volunteer is important, and once signed up please make every effort to participate.**

- Submit Volunteer Registration Form no later than October 1, 2010 [Two weeks prior to event]. (You are welcome to register onsite at the Expo New Mexico, but you will not have a printed name tag.)
- Print information on form clearly.
- Very important to include an email address (NM MOM communication will generally be by email).
- Make record of day(s) committed to volunteer for NM MOM or make copy of form.
- The NM MOM Dental Clinic will be held at Expo New Mexico. Directions can be found at [www.nmdentalfoundation.org](http://www.nmdentalfoundation.org).
- Volunteer information is located on the New Mexico Dental Foundation's website at [www.nmdentalfoundation.org](http://www.nmdentalfoundation.org).
- If you have questions please contact Karen Knauf, NM MOM Program Coordinator, at 505.681.2188 or [kknauf@nmdental.org](mailto:kknauf@nmdental.org)
- If you are unable to participate, please contact Karen Knauf.

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And Agreement form.

# VOLUNTEER REGISTRATION

## Albuquerque NM MOM –October 14-17, 2010



**(You are strongly urged to submit your NM MOM Volunteer Registration form by October 1, 2010) [Two weeks prior to event]**

Last Name:		First Name:		Degree/Certification	Professional License Number
Address:			City:	State:	ZIP Code:
Cell Phone:	Alternate Phone Number:		Email (VERY IMPORTANT):		
Aside from English, please indicate languages you speak fluently: <input type="checkbox"/> Not applicable <input type="checkbox"/> Spanish <input type="checkbox"/> Other language(s) _____			Are you 18 or older? <input type="checkbox"/> yes <input type="checkbox"/> no If no, how old are you? _____		What size NM MOM T-Shirt? <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL

**Please indicate volunteer type, and work preference if indicated:**

**DENTAL TEAM**

- I have had a hepatitis vaccination  
 Dentist: Name of preferred dental assistant \_\_\_\_\_
- Indicate work preference  
 Triage    Anesthesia    Restorative    Endodontics    Periodontics    Prosthodontics  
 Oral Surgery    Pediatrics    Wherever needed
- |                                               |                                                   |                                                                             |
|-----------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Retired dentist      | <input type="checkbox"/> Dental assistant         | <input type="checkbox"/> Dental lab technician (denture preparation/repair) |
| <input type="checkbox"/> Dental student       | <input type="checkbox"/> Dental assistant student | <input type="checkbox"/> Dental equipment maintenance person                |
| <input type="checkbox"/> Predental student    | <input type="checkbox"/> Dental x-ray technician  | <input type="checkbox"/> Dental hygienist                                   |
| <input type="checkbox"/> Dental billing coder | <input type="checkbox"/> Dental hygiene student   |                                                                             |

**NONDENTAL HEALTH PROFESSION TEAM**

- I have had a hepatitis vaccination
- |                                     |                                          |                                     |                              |
|-------------------------------------|------------------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> MD         | <input type="checkbox"/> RN              | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> EMT |
| <input type="checkbox"/> Student RN | <input type="checkbox"/> Pharmacist Tech |                                     |                              |

**COMMUNITY WORKERS → Please indicate work preference**

- |                                                                 |                                                     |                                                     |
|-----------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Translator                             | <input type="checkbox"/> Child care                 | <input type="checkbox"/> Runner                     |
| <input type="checkbox"/> Patient registration                   | <input type="checkbox"/> Crowd control              | <input type="checkbox"/> Security                   |
| <input type="checkbox"/> Patient escort                         | <input type="checkbox"/> Entertainment              | <input type="checkbox"/> Traffic/parking monitoring |
| <input type="checkbox"/> Patient exit interviews                | <input type="checkbox"/> Equipment set-up/tear-down | <input type="checkbox"/> Volunteer registration     |
| <input type="checkbox"/> Data entry (Microsoft Excel expertise) | <input type="checkbox"/> Food service               | <input type="checkbox"/> Waste management           |
| <input type="checkbox"/> Wherever needed                        |                                                     |                                                     |

**Please indicate days you would like to volunteer, and if you will be attending a volunteer dinner:**

- Thursday, October 14th– 7:00 am – 5:00 pm: Clinic Set-Up (dental units, supplies, tables, chairs, signs, etc.)**  
 I will attend the volunteer dinner
- Friday, October 15th– 5:00 am – 5:00 pm: Dental Clinic**  
 I will attend the volunteer dinner
- Saturday, October 16th– 5:00 am – 5:00 pm: Dental Clinic**  
 I will attend the volunteer dinner
- Sunday, October 17th– 8:00 am – 2:00 pm: Clinic Take-Down**

10-22-09

Please email, fax, call, or send this form to:

**Karen L. Knauf**  
**NM MOM Program Coordinator**  
**PO Box 16854**  
**Albuquerque, NM 87191**  
**Email: [kknauf@nmdental.org](mailto:kknauf@nmdental.org)**  
**Phone: 505.681.2188 – Fax: 505.294.9958**



## **New Mexico Mission of Mercy**

Expo New Mexico – Manual Lujan Building  
Albuquerque, New Mexico  
October 14-17, 2010



## **Volunteer Service Agreement**

(The Volunteer Service Agreement will be available in the near future)