

smiles support

Welcome to the Smiles Change Lives Volunteer Program!

Smiles Change Lives (SCL) ensures our volunteers meaningful work with opportunities to learn and grow. SCL is committed to the idea that volunteers are:



- A vital link to the community
- Ambassadors for our mission
- Essential members of our work force
- Bracing kids for a better future

Name: _____
First M.I. Last

Address: _____
Street Address Apt No., Unit No., PO Box

_____ City/State Zip Code

Email: _____ Occupation: _____

Are you volunteering to fulfill a court ordered community service obligation? Yes No

*Are you 18 years or older? _____

* Due to confidentiality and HIPPA guidelines, minimum age requirement for most volunteer opportunities is 18.

Are you willing to consent to a background check? Yes No

Preferred contact number: (____) _____ - _____ home cell other

Emergency contact number: (____) _____ - _____

Please tell us how you heard about SCL:

Current employer: _____

Reference: (name; address; phone number)

(____) _____

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Please list your availability:

(Please indicate your available hours.
Office is closed on weekends.)

	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

What are your hobbies? What do you like to do for fun? _____

List previous or current volunteer experience:

	Organization	Position/Major Responsibility	Reference
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Signature of Applicant

Date

Thank you for your expressed interested in supporting our mission
in bracing kids for a better future!