



# SEAL-A-SMILE PROGRAM SEEKING VOLUNTEER DENTISTS

## Volunteers Needed!

Volunteer two to three hours of time on a day of your choosing to provide oral screenings for 10-30 children at local elementary schools.



DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Public Health  
Bureau of Oral Health and Dental Services

WE NEED YOUR HELP

WORK ON THE  
MOBILE DENTAL  
CLINIC

VISIT SCHOOLS IN  
YOUR AREA

GIVE BACK TO YOUR  
COMMUNITY

FILL OUT AND FAX  
ATTACHED FORM

DELAWARE BUREAU OF  
ORAL HEALTH AND DENTAL  
SERVICES

417 Federal Street  
Dover, DE 19901  
302-744-4554  
Fax 302-661-7229

<http://www.dhss.delaware.gov/dhss/dph/hsm/ohphome.html>



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Bureau of Oral Health and Dental Services

### VOLUNTEERING INSTRUCTIONS FOR SEAL-A-SMILE PROGRAM

- Choose at least three dates you would be available to volunteer and list them below in your order of preference.
- Enter the school district you prefer (usually the one closest to your home or office). *We will try to place you in a school close to your location.*
- Enter your contact information below, including any office staff members who might volunteer with you. Fax or mail the completed form to the fax number/address below.

The Sealant Program office will contact you to confirm the receipt of your information. As schools are scheduled, the Sealant Program coordinator will contact you with your volunteer date. *Every effort will be made to give you ample time of notice.*

*Thank you for your participation!*

<p><b>Preferred Dates to Volunteer:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>Your Information:</b></p> <p>Name: _____</p> <p>Other Volunteers from your office: _____</p> <p>_____</p> <p>Your County: _____ Your City: _____</p> <p>Phone: _____ Fax: _____</p> <p>Personal E-mail: _____</p>
<p><b>Preferred School District:</b></p> <p>1. _____</p> <p>2. _____</p>	

**Contact Information**

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