

Shreveport Dental Hygienists' Substitute List Consent Form

All postings will stay on the web-site 1 year from the date we receive your form. We are asking for a donation of \$10/year for anyone who wants to be on the temp list. To keep your name on the website, you will need to mail in a newly completed consent form and your \$10 donation for the new year. All of your donations directly support our association website and will help us keep the substitutes list posted on the website for years to come. Thank you for your support of the SDHA, your professional organization. If you have any questions, please email them to Christy Wilson: ChristyRDH05@aol.com

Please send your donation and consent form

Or complete one at the meeting and turn it and donation in to:

Please make checks payable to: SDHA

Christy Wilson

SDHA Webmaster/ Newsletter Editor

3512 Ponderosa Drive

Bossier City, LA 71112

A permission form **must be signed** by anyone wanting to be posted on the website in order to display personal information, which includes name, phone number, and/or email. * See below*

Consent Form - Please print.

Date _____

I, _____, am signing this waiver to display my name and phone number and/or email address for the Substitutes List on the SDHA website for a 1 year period from the date signed. (List is updated as we receive new information.)

Please initial stating you have read the following:

_____ I am aware that at the end of 1 year my named will be removed unless a NEW form and donation are submitted.

_____ In order to help keep the web-site current, I will contact SDHA if I am no-longer in need of the service before the three months are up. (This is to eliminate any unnecessary calling for the doctor and/or hygienists' who are in search for a substitute.)

_____ I am aware that if the SDHA is contacted about misconduct on my part from doctor and/or hygienist it is at the SDHA's discretion to remove my information off the website without notice or repayment of \$10 donation.

Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Days Available: _____

For Association use only:

Date received: _____ Date posted: _____ BY: _____

Ck#: _____ Amount: _____ Date to be removed: _____