

**Earn Your Smile.org “Pay It Forward” Community Service Program**

You may elect to donate community service hours to earn cash credits that can be used to pay for your orthodontic and dental treatments. Earn up to \$1200 and help a local non-profit organization. If you donate your time we agree to give you our time.

*Doctors Paul, Jonathan, Jason Ouellette and Staff*

**Earn Your Smile Community Service Voucher**

Patient Name: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Person(s) Doing Community Service: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_

Authorized Signature of Organization Representative: X \_\_\_\_\_

Telephone Number of Representative: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

**What has doing community service meant to you?**

\_\_\_\_\_  
\_\_\_\_\_

**What impact did your service have on the organization? (Your comments or the Representative’s)**

\_\_\_\_\_  
\_\_\_\_\_

**Terms and Conditions:**

1. The Earn Your Smile Program is for “new patients only”. Patient and parent(s) may participate together.
2. For every hour of community service you provide to any approved community volunteer program you will receive \$12/hour credit that will be applied to your orthodontic or dental treatment.
3. You must contact our office prior to performing any services to register the local organization(s). Subject to our approval.
4. All other cash discounts and Internet Coupons will not be honored if you elect to use the Earn Your Smile Program.
5. We appreciate your honesty and integrity. You agree to allow our administrative staff to contact the volunteer organization to verify all hours submitted.

**Please check all applicable boxes below:**

- If requested, I agree to provide a digital photo of me performing community service to be featured on the EarnYourSmile.org Website. You have my permission to use the submitted photo(s) on the Internet.
- I agree to have the comments provided above featured on the “EarnYourSmile.org” website.
- I would prefer to **NOT** have my photo and/or comments provided above featured on the “EarnYourSmile.Org” Website.

**We appreciate your participation in the Earn Your Smile Program!**

**I hereby certify that I have performed all community service hours submitted on this form. In the event, the hours can not verified, I will NOT be eligible for cash credits applied to my orthodontic or dental care.**

X \_\_\_\_\_ Date: \_\_\_\_\_

*Additional Smile Vouchers can be downloaded and printed from our practice website*