

# *Give Kids a* **SMILE**

\_\_\_\_\_  
(Clinic name)

in partnership with the  
Minnesota Dental Association

## **Certificate of Service to**

\_\_\_\_\_  
(Volunteer's name)

for volunteer participation in

**Give Kids a Smile**

on \_\_\_\_\_

(Date)

*Increasing Dental Access for Minnesota Children*

\_\_\_\_\_ Volunteer Hours

Signed \_\_\_\_\_

(Name and title)