

# ■ Smile Ambassador Program

## Transforming Lives. Inspiring Students. Building Smiles.

Welcome to the Smile Ambassador Program! This is a unique opportunity for patients to not only transform their own lives through improved oral health and confidence, but also to help shape the future of dentistry by supporting and inspiring the next generation of pre-dental students. By sharing your journey, you'll become a voice of hope and awareness in our community.

If selected, you will receive access to exclusive treatment opportunities at a reduced cost, participate in community and educational events, and play a vital role in mentoring students while showcasing the power of a healthy smile.

Please complete the following application thoughtfully. Your story matters.

### Section 1: Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact Method (Phone / Text / Email): \_\_\_\_\_

### Section 2: Your Story

1. What concerns do you currently have about your teeth, smile, or oral health?

2. How does your current dental situation affect your confidence, career, or relationships?
3. If you could change one thing about your smile, what would it be?
4. How do you imagine your life would change if you had a transformed smile?

### **Section 3: Why You Want to Be an Ambassador**

5. Why do you feel you would be a good candidate for the Smile Ambassador Program?

6. What makes your story unique or important for others to hear?

7. Are you open to sharing your dental journey (before/after photos, testimonials, social media, video interviews, etc.)? Yes / No / With conditions (explain): \_\_\_\_\_

### **Section 4: Community & Student Impact**

8. This program helps train and mentor future dentists. How do you feel about being part of a program that supports student education?

9. Are you willing to share your story with students, community groups, or ambassador events? Yes / No

### **Section 5: Readiness & Commitment**

10. What has kept you from receiving full-arch treatment in the past? (select all that apply):

- Financial concerns
- Fear or anxiety
- Lack of time

- Not sure about options

- Other: \_\_\_\_\_

11. Which best describes your current financial situation regarding dental care?

- Ready to invest now if affordable options exist

- Need financing or staged treatment

- Currently limited, but committed to improving when possible

12. Are you committed to attending appointments, follow-ups, and being part of community events? Yes / No

## Section 6: Final Thoughts

13. Why should you be chosen for the Smile Ambassador Program?

14. What does having this opportunity mean to you?

15. Is there anything else you'd like us to know about your story, your goals, or your smile?

Thank you for applying to the Smile Ambassador Program. Your story could inspire change not only in your own life, but in the lives of others throughout our community.

■■■ Dr. David White, D.D.S.  
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