

Volunteer Application



Date: _____

Full Name: _____

Phone Number: _____

E-mail Address: _____

**** For liability purposes, we will only accept volunteers that are 18 years old or older ****

Are you at least 18 years or older: Yes No

How were you referred to us: _____

Are you currently in school to pursue a career in veterinary medicine? Yes No

If yes, please tell us what school and what degree program you are attending:

Have you volunteered or worked with animals before? Yes No

If yes, please describe your previous volunteer/work experience:

**Our clinic is open during the following hours:
Monday-Friday 7:30 AM – 6:00 PM and Saturday 8:30 AM to 12:00 PM**

Please put in the times you would be able to volunteer

Monday ____:____ to ____:____

Friday ____:____ to ____:____

Tuesday ____:____ to ____:____

Saturday ____:____ to ____:____

Wednesday ____:____ to ____:____