

# 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 write in the times you would be able to volunteer**

<b>MONDAY:</b>	<b>THURSDAY:</b>
<b>TUESDAY:</b>	<b>FRIDAY:</b>
<b>WEDNESDAY:</b>	<b>SATURDAY:</b>