

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

****In order to be a volunteer at our clinic, you must be COVID-19 vaccinated****

Are you vaccinated against COVID-19? 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

MONDAY:	THURSDAY:
TUESDAY:	FRIDAY:
WEDNESDAY:	SATURDAY: