

WESTERN VETERINARY CLINIC VOLUNTEER APPLICATION

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

PHONE#: _____

DATE OF BIRTH _____

SCHOOL YOU ARE ATTENDING _____

YEAR IN SCHOOL _____

HOW WERE YOU REFERRED TO US? _____

HOW MANY HOURS A WEEK WOULD YOU LIKE TO VOLUNTEER? _____

HAVE YOU VOLUNTEERED AT A VETERINARY CLINIC BEFORE? _____

IF SO, WHERE? _____

IN YOUR OWN WORDS BRIEFLY EXPLAIN WHY YOU WOULD LIKE TO VOLUNTEER AT WESTERN VETERINARY CLINIC?

APPLICANT'S SIGNATURE _____

IF YOU ARE UNDER THE AGE OF 18 YOU MUST HAVE YOUR PARENT OR GUARDIAN SIGN A RELEASE FORM BEFORE YOU CAN VOLUNTEER!