



# VOLUNTEER APPLICATION

Application Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Island to Island Veterinary Clinic encourages the participation of volunteers who support a mission of quality, compassionate care of animals, as well as adoption and education programs to promote responsible pet ownership and reduce pet overpopulation.

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

If under 18 years of age, please provide date of birth: \_\_\_\_\_

Are you in school? \_\_\_\_\_ What year do you graduate? \_\_\_\_\_ GPA? \_\_\_\_\_

**Health:** Do you have a medical condition(s) that might be aggravated by exposure to high concentrations of animals and/or cleaning products?    Yes    No    If yes, please specify: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

List any animal clubs or organizations of which you are a member: \_\_\_\_\_

Why are you interested in volunteering at Island to Island Veterinary Clinic? \_\_\_\_\_

List any previous experience you have working with animals: \_\_\_\_\_

**Please circle the areas in which you are interested in volunteering and, if necessary, elaborate.**

Administrative

Cleaning

Animal Care

Fundraising

Handyperson

Lawn Care

Events (community education)

Are days/hours are you available to volunteer?

Monday \_\_\_\_\_  
open 8-6

Tuesday \_\_\_\_\_  
open 730-6

Thursday \_\_\_\_\_  
open 730-6

Friday \_\_\_\_\_  
open 8-6

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**As a volunteer of Island to Island Veterinary Clinic, I understand and agree that I must abide by the regulations, policies, and rules established by the clinic.**

1. I understand and agree that this is for my own safety, the safety of others, and the safety of the animals, and I hold harmless Island to Island Veterinary Clinic in the event of any injury.
2. I understand and agree that any information from the clinic regarding animals and their owners will be held in confidence.
3. I understand and agree to the conditions above and those stated in *the Island to Island Veterinary Clinic Training Manual*.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**If the applicant above is 17 years old or younger, the signature of the parent/legal guardian is required below.**

1. I verify that I am the parent/legal guardian of the above listed applicant who is 17 years old or younger.
2. I understand and agree to the conditions above and those stated in *the Island to Island Veterinary Clinic Training Manual*.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_