



## Volunteer Application Form

Full Name:	Age:
Physical Address:	
Phone:	Email:

Please Circle Days Available	Mon	Tues	Wed	Thurs	Fri	Sat
Hours Available						

Volunteer Level Applying For
Level I: First time applicants or those who are new to veterinary medicine <span style="float: right;"><input type="checkbox"/></span>
Level II: Only for those who have completed Level I at our clinic <span style="float: right;"><input type="checkbox"/></span>

Briefly explain why you are applying for the volunteer program and list any specific areas of interest:

How did you hear about us?

Have you ever been convicted of a felony? If so, explain:

Please email your application to: [k.manders.ovh@gmail.com](mailto:k.manders.ovh@gmail.com)