



## Volunteer Level I Activity Schedule

Volunteer Name:	Date Start:
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<b>Day 1-2</b>	
Observe Appointments	<input type="checkbox"/>
Collect Patient Vitals of Tech Appointments	<input type="checkbox"/>
<b>Day 3-4</b>	
Restrain Canines	<input type="checkbox"/>
Restrain Felines	<input type="checkbox"/>
Draw up vaccines	<input type="checkbox"/>
<b>Day 5</b>	
Nail trims	<input type="checkbox"/>
Subcutaneous Injections	<input type="checkbox"/>
Fill meds	<input type="checkbox"/>
<b>Day 6-7</b>	
Set Up Fecal	<input type="checkbox"/>
Set Up Urinalysis	<input type="checkbox"/>
Observe Surgery	<input type="checkbox"/>