

Volunteer Form

Please read and fill out this form.

Personal Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Male/Female: _____

What are your career plans upon graduation? _____

Have you had any previous experience? _____

What are your interests? _____

What do you expect to get from this experience? _____

What to Expect While Here

You will be allowed to shadow a technician, doctor, kennel member, or a receptionist. You will have a chance to shadow all of them if you choose. You should have an idea of whom you would like to shadow when you get here. Our hours are from 8 am to 6pm; surgery usually starts around 9:30 am Monday through Friday. You can also come in on the weekend, but there will be no scheduled surgeries. When you get here we will provide you with an area to put your jacket and other belongings, and a scrub top to wear. We also ask that you wear a nice pair of cotton pants, (no Jeans). You should bring a lunch if you plan on staying during lunch, which is normally from 12pm to 2pm. We do have a refrigerator, sink and microwave if you -need it. If you would like to take pictures, feel free to bring a camera. Questions/Interviews are welcome. Upon arrival we will discuss further your duties. We also ask that you print out the volunteer release form, fill it out, and bring it with you when you plan on volunteering.

Volunteer Release Form

It is hereby understood and agreed that my services to North Country Animal Health Center are strictly a voluntary activity on my part with no remuneration associated with the activity. I am neither an employee, agent or associated with North Country Animal Health Center in any capacity other than as a volunteer and, therefore, hold North Country Animal Health Center and its associates harmless and free of any and all claims which may arise as a result of my volunteer activity.

(Check one)

- I am a minor living with my parent or guardian and have their written permission and signature to participate in this program.
- This will attest to the fact that I am at least 18 years of age and understand the agreement, which is being signed in the presence of a witness.

Date _____ Volunteer _____

Date _____ Parent/Guardian _____

Date _____ Witness _____