

# Volunteer Information

## COMMUNITY VETERINARY CENTER, LLC

4109 STATE HIGHWAY 7

ONEONTA, NY 13820

607-432-0050

Please fill out the following information. We will contact you with the current openings we have for our various volunteer programs. Thank you for your interest in our clinic! We look forward to having you as part of our team.

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

Name \_\_\_\_\_

Date of birth: \_\_\_\_\_ *\*Please note that we cannot accept any  
volunteers that are under 15 years of age.*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Parent or legal guardian \_\_\_\_\_

Daytime phone number \_\_\_\_\_

Evening phone number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Hours and days you are available \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Once your application to become a volunteer has been accepted, you will begin with our Veterinary Explorers Program. This is a one day program, and includes orientation and a full day of observation of treatments and surgeries. After completing this one day program, you may be eligible to participate in one of our internship programs. Please see the attached information for full details.

During your volunteer time here, we will show you many different aspects of veterinary medicine and pet care. Depending on your availability, you will have medical and surgical rotations that will allow you to observe the many different tasks that our staff performs. You will be able to learn certain tasks and responsibilities of animal care.

We expect our volunteers to be on time and to dress appropriately. This means long pants, and boots or shoes that cover the entire foot. A scrub top will be provided for you to wear.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_