

DeSoto Animal Clinic

Veterinary Medicine
& Surgery

APPLICATION FOR VOLUNTEER/SHADOW

Personal Information

Name _____ Date _____

Address _____

Phone number _____ Are you 15 years or older? Yes No

Employment Desired

Position VOLUNTEER/SHADOW

Do you have an interest in Veterinary Medicine for your future? Yes No

Circle One: Are you volunteering/shadowing for:

A School Requirement Volunteer Hours Personal Interest?

Start Date _____ End Date _____

What hours are you available? _____

Education

School name and location Year Major Degree/Certification

High School _____

College _____ **General**

Subjects of special study or research work _____

Special skills _____

Activities _____ **Contacts**

Write in name of your teacher or supervisor if this volunteer/shadow service fulfills a requirement.

Name	Contact Information



In case of emergency, please notify

Name _____ Phone _____

Address _____

Volunteer/Shadow Statement

The volunteer understands they are under no terms considered an employee of DeSoto Animal Clinic. The volunteer will receive no employee benefits. Additionally, DeSoto Animal Clinic shall hold the volunteer harmless against any damages related to the volunteer's service. Because the volunteer is not an active employee, they may terminate this volunteer agreement at any time for any reason they deem necessary. DeSoto Animal Clinic may decline to accept the volunteer's time and terminate this agreement without prior notification. The volunteer agrees to conform to DeSoto Animal Clinic's rules, regulations, uniform requirements, and safety requirements. The volunteer must respect client and patient privacy, and seek supervisor guidance before taking photographs. Only at the direction of the supervisor may any photos be used for social media. This volunteer agreement is binding in honor and not intended to be a legally binding contract between the volunteer and the organization.

Signature

Date