

 **Slippery Rock
Veterinary Hospital**

"Patient Care through Exceptional Client Service"

Volunteer Application

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Personal

Social Security No. _____ Date _____

Name _____
Last First Middle

Present address _____ Telephone no. _____
No. Street City State Zip Email: _____

How did you first hear of this program? _____

Why are you applying for this program? _____

Date you are available to start volunteering? _____

How did you find out about the volunteer program? _____

Have you ever volunteered (been employed) at a veterinary hospital/clinic, boarding/grooming/pet shop? _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for this program? Please add any additional comments you think are important for us to consider. _____

Specify the days and times you are available for volunteering? _____

List any friends or relatives working here, other than spouse _____
Name(s)

You are applying for a program with minimum age requirements:

Are you 16 years of age or older? YES NO

Do you have a valid driver's license? YES NO

Driver's License number _____ Class of license _____

Have you had your driver's license revoked or suspended in the last 3 years? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain _____

Have you previously applied here? YES NO

If yes, when? _____

Have you worked for any organization under a different name? YES NO

If yes, give name _____

