

# Volunteer Application

Chisholm Ridge Pet Hospital

817.234.9919

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

Due to insurance restrictions, we are unable to accept volunteers under the age of 16. Our volunteer program consists of watching normal day to day activities. Some light duty may be available from time to time. Also due to insurance requirements, there cannot be any handling of animals.

Dress Code: No visible tattoos or body piercing. Nice polo type shirt or blouse tucked into nice pants or jeans free of holes or stains. No open toe shoes.

For those under 18 years of age, a parent/guardian must sign the release to allow you to volunteer.

## **Personal Information:**

Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Home Number: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Parent Work: \_\_\_\_\_

What is your date of birth: \_\_\_\_\_

Year in school: \_\_\_\_\_ What school are you attending: \_\_\_\_\_

Are you interested in future employment? \_\_\_\_\_

## **Hobbies & Interests:**

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# Serving as a Volunteer Release Form

## Chisholm Ridge Pet Hospital

I, \_\_\_\_\_, am \_\_\_\_\_ years of age and understand that I will be:

Observing and/or assisting as a volunteer in the operations of this veterinary practice to learn about veterinary medicine, technology, nursing, and/or wildlife rehabilitation during the following anticipated time \_\_\_\_\_.

I agree that I will make no claims for wages or compensation for the time periods during which I am performing either of the above functions. I understand that there are inherent risks associated with spending time in a veterinary practice including: 1) animals biting or scratching humans, 2) slips and falls, 3) transmission of diseases from animals to people (zoonotic diseases), 4) allergies, and 5) other less common risks.

I agree that anything I learn about this business, its patients or clientele of this veterinary practice must be held in utmost confidence and such information may not be discussed outside of this establishment, nor used in any publication, blog, interview, or other public manner.

I accept these risks and the terms of this agreement and, in the absence of negligence, agree to hold this veterinary practice harmless for any injuries or illnesses I might suffer as a result of the time spent serving in either of the above capacities.

\_\_\_\_\_  
Signature of person volunteering or testing

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's consent if person is under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date