



Veterinary Volunteers Program Application

(18 years of age and older)

Thank you for your interest in the Veterinary Volunteer Program at the Tallahassee-Leon Community Animal Service Center. The information on this form will help us determine your suitability for the Veterinary Volunteer Program. In the event that you are not selected to work with our veterinary team, you are still invited to volunteer in the other areas of our organization.

PLEASE PRINT OR TYPE YOUR RESPONSES

Personal Information

Name:		Date:
Home Address:	Apt:	City/State/ZIP:
Home Phone:	Cell Phone:	Work Phone:
E-mail Address:		

Emergency Contact Information (Please provide contact information of the person to reach in case of an emergency)

Name:		Relationship to you:
Home Address:	Apt:	City/State/ZIP:
Home Phone:	Cell Phone:	Work Phone:

Applicant Questions

How did you learn of the Veterinary Volunteers Program?

Why do you want to participate in the Veterinary Volunteers Program?

Describe any special skills or training you have that would be helpful for the Veterinary Volunteers Program.

Do you have any experience working/volunteering in an Animal Shelter or Veterinary Hospital?

TLCASC is an open admission shelter and does have to euthanize animals for health/safety and space concerns. How do you think this will affect your performance?

List the days and times you are available to volunteer.

(Veterinary Volunteers must commit to a regular weekly schedule of at least 2 hours at a time.)

In signing this application, I understand and agree to the following:

I agree to serve as a productive member of the veterinary volunteers program. I will follow the Tallahassee-Leon Community Animal Service Center (TLCASC) policies and procedures and I will abide by the rules and regulations that apply to TLCASC employees and volunteers. I verify that I am volunteering my time without any expectation that I will be compensated for the hours I work as a veterinary volunteer. I give my consent to TLCASC to provide my name, voice and/or photograph, or that of any animal care for, to the media in connection with advertising, programming or operational activities for TLCASC. I understand that I will receive no compensation for giving this permission. I agree to hold harmless Tallahassee-Leon Community Animal Service Center, the City of Tallahassee, Leon County, and any of its agents, employees, directors, and insurance carriers from all actions, claims of every nature, damages or judgments in matters relating to my service as a TLCASC student extern. This includes, but is not limited to, personal injury. I certify that I am currently covered under a health insurance policy and will maintain coverage throughout the time I participate in the Veterinary Volunteer Program.

Signature

Date

Send Completed Application to:

Donna Joyner, Volunteer Coordinator
Tallahassee-Leon Community Animal Service Center
1125 Easterwood Drive
Tallahassee, FL 32311
T: (850) 891-2970
F: (850) 891-2977