

## Volunteer Application

Volunteering is a great way to learn more about your current interests. You will observe our techniques and protocols that concern the overall wellness of domesticated pets. You will also learn by observation how we administer compassionate care and treatments to the sick and debilitated patients that need our help.

Dr. Rivera was first introduced into veterinary medicine by volunteering at his local veterinary clinic in Puerto Rico. This opportunity of kindness allowed Dr. Rivera to discover his passion for the field. With this ambition, he moved to the U.S. to pursue his degree in veterinary medicine without even knowing how to speak English!

Volunteering is a privilege for both parties involved. We are devoted to teach those who volunteer with the intent to learn as much as possible. If you are serious about learning by closely observing (and in certain circumstances giving back to us by doing minor tasks) we will do our best to teach you anything you want to know relating to the small animal veterinary industry.

You will find at the end of this application a short list of volunteer expectations concerning conduct, dress code, and duties.

Last Name	First	Middle	Birth Date (MM/DD/YY)
Home Address Ci	ty State Zip Code		
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Home Phone	E-mail – youth's most frequently che	cked address Cell Phone	Other
School Grade- If A Emergency Con	tact Information:		
Namo	Polationship	()	()
Name	Relationship	Home Phone	Cell
	erience, Training or Certific		
Have you ever yol	unteered for or been trained/certified by	v another organization: Yes	No If yes, please explain

## Scheduling:

We will do our best to accommodate your requested schedule. We try to schedule our volunteers during medium volume hours so you will get the most out of your experience here. The length of time is to be determined by the age/maturity of the volunteer. Please list preferred hours below:

15264 Fish Hawk Blvd. Lithia, FL 33547 Phone: (813) 643-7387 Fax: (813) 662-1578