



VOLUNTEER APPLICATION

Thank you for considering South Kendall Animal Hospital as a place to volunteer your time and services.

Please complete the following information:

- 250 Word Typed Paper explaining why you would like to volunteer at an animal hospital and particularly, South Kendall Animal Hospital.
- Copy of your driver's license
- Copy of your most recent school transcripts/report card
- Completed Volunteer Application

Please submit your application with the attention addressed to Samantha Carratala, PM CVT



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*All applications must be completed in FULL even if attaching a resume.
*Do not leave anything blank**

VOLUNTEER INFORMATION

Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone #: _____

Have you applied to this company before? No Yes If yes, when: _____

Are you at least 18 years of age? Yes No If no, please submit addition form signed by parent or guardian.

Have you ever been convicted of a criminal offense: Yes No

Are you legally authorized to work in the United States? Yes No

When will you be available to begin volunteer? _____

Please indicate the times available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

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EDUCATION

Describe any educational degrees, skills, training, certifications, or specializations:

	Name of School	Location (City, State)	Major	Graduation Year	Overall GPA
High School					
College					
Vocational/ Trade					
Graduate					
Certifications/ Licenses/ Specialties					

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EMPLOYMENT HISTORY

Please list the three most recent employers in sequential order starting with your most current.

Company Name: _____ Phone #: _____

Dates Employed		Address	Job Title & Duties	Reason for Leaving:
From:	To:			
Rate of Pay				Name of Supervisor
Starting:	Last:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name: _____ Phone #: _____

Dates Employed		Address	Job Title & Duties	Reason for Leaving:
From:	To:			
Rate of Pay				Name of Supervisor
Starting:	Last:			<input type="checkbox"/> Yes <input type="checkbox"/> No

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EMPLOYMENT HISTORY (CONT.)

Company Name: _____ Phone #: _____

Dates Employed		Address	Job Title & Duties	Reason for Leaving:
From:	To:			
Rate of Pay		Name of Supervisor		May We Contact This Employer?
Starting:	Last:			<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Name	Address	Phone	Relationship

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APPLICANT'S ACKNOWLEDGMENT

By signing this application, I declare that the information provided by me is complete, accurate, and true to the best of my knowledge. I understand that any falsification, misrepresentation, or omission on this application (or any other accompanying or required documents) may preclude an offer to volunteer, or may result in a withdrawal of a volunteer opportunity, or may result in discharge from volunteering if I am already volunteering at the time of falsification, misrepresentation, or omission is discovered.

I authorize the investigation of all statements and information contained in this application.

If selected, I agree to abide by all of the company rules and regulations.

I acknowledge that I have read and understand the above statements, and hereby grant permission to confirm the information supplied on this application by me.

Applicant's Signature: _____

Date: _____