

**SNOWDOWN VETERINARY HOSPITAL**

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Montgomery, AL 36105

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**VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

DATE OF BIRTH (ALL APPLICANTS MUST BE 16 YEARS OF AGE OR OLDER):  
\_\_\_\_\_

SCHOOL YOU ATTENDED: \_\_\_\_\_ YEAR IN SCHOOL: \_\_\_\_\_

HOW WERE YOU REFERED TO US? \_\_\_\_\_

HOW MANY HOURS A WEEK WOULD YOU LIKE TO VOLUNTEER? \_\_\_\_\_

HAVE YOU EVER VOLUNTEERED AT A VETERINARY CLINIC BEFORE? \_\_\_\_\_

IF SO, WHERE? \_\_\_\_\_

IN YOUR OWN WORDS, BRIEFLY EXPLAIN WHY YOU WOULD LIKE TO  
VOLUNTEER AT SNOWDOWN VETERINARY HOSPITAL.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

**IF YOU ARE UNDER THE AGE OF 18 YOU MUST HAVE YOUR PARENT OR  
GUARDIAN SIGN A RELEASE FORM BEFORE YOU CAN VOLUNTEER! WE HAVE  
A LIMITED NUMBER OF VOLUNTEER HOURS AVAILABLE SO PRIORITY WILL  
BE GIVEN TO THOSE WITH AN INTEREST IN VETERINARY MEDICINE.**

**ALL VOLUNTEER APPLICATIONS MUST BE DELIVERED BY HAND TO  
SNOWDOWN VETERINARY HOSPITAL BY THE APPLICANT AND UNDERGO A  
BRIEF INTERVIEW TO BE CONSIDERED FOR THE POSITION.**