**Riverside Veterinary Hospital**

99 Success Court, Rocky Mount, NC 27804

(252) 442- 3636

**Volunteer Application**

Thank you for showing an interest in Riverside Veterinary Hospital.

Please complete this form and return it to our office.

Volunteer/Intern Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name) (Middle name or initial) (Last Name)

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

(Street) (City) (State) (Zip)

Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (if less than 18): \_\_\_\_\_\_\_

**Dress code: Acceptable Unacceptable**

Scrubs Sandals and flip flops

Protective footwear (sneakers ok) Tank tops

Long pants (slacks, khakis etc.) Shorts

Solid tops (no writing) Large earrings and chains

Polo shirts preferred Jeans, dresses and skirts

Long hair must be pulled back

**Code of Conduct:**

Be polite and courteous. NO horseplay

Treat all animals in a caring way

Do not handle an aggressive animal or approach an animal if uncertain of its temperament.

NO fingers in cages

NO cell phones

NO use of pictures without the permission from the Practice Manager or Dr. Cameron

I certify that I am in good physical condition and will be able to perform the necessary duties required for the volunteer program. I understand there are risks involved due to the unpredictable nature of animals. I understand that the Riverside Veterinary Hospital and its staff will do everything in its power to protect and ensure my welfare and safety. I release Riverside Veterinary Hospital, Mission Veterinary Partners, Riverside staff, and Dr. Bob Cameron from any liability in the event of an accident or injury wherein proper safety procedures and protocols are followed. I also agree that my picture can be posted on the Riverside Veterinary Hospital Social Media pages.

Volunteer/Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteers/Interns under the age of 18 are required to have a parental consent signature:**

Parent/Guardian Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

3/23/2022