



Thank you for showing an interest in being a volunteer at Riverside Veterinary Hospital, PLLC. Please complete this application and return it to our office.

Name : _____ Date: _____
(First Name) (Middle name or initial) (Last Name)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ Cell Phone(____) _____ Email: _____

Age (if less than 18): _____

Duties Assist and/or clean in the treatment/exam room as directed by Supervisor
Assist and/or clean in the kennel area as directed by Supervisor
Assist and/or clean in the grooming area as directed by Supervisor

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 Owner and Practice Manager

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 the Riverside Veterinary Hospital, its 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 Facebook page.

Signature: _____ Date: _____

Volunteers under the age of 18 are required to have a parental consent signature also

Signature: _____ Date: _____