



APPLICATION FOR THE VOLUNTEER PROGRAM
 VETERINARY TEACHING HOSPITAL
 300 W. Drake Rd.
 Ft. Collins, CO 80523

PERSONNEL INFORMATION	PLEASE PRINT
------------------------------	---------------------

Name _____
 Last First M.I.
 Address _____
 City State Zip
 Telephone (Home) (Cell) (Work)
 Major/Dept. Year Email

Are you over 16 years of age? Yes or No
Applicants 16-17 years of age require parental consent.

Do you have health insurance? Yes or No
You will be asked to provide proof of insurance.

EMPLOYMENT STATUS	(PLEASE CHECK THE APPROPRIATE STATEMENT)
--------------------------	--

____ Student, attending CSU
 _____ Non-student
 _____ Student, attending high school, vocational, technical or another college
Do you plan to apply to vet school? Yes or No
 When? _____

TYPE OF EMPLOYMENT DESIRED	(PLEASE CHECK THE APPROPRIATE STATEMENT)
-----------------------------------	--

_____ Small Animal ___ Anesthesia ___ Cardiology ___ Critical Care ___ Dermatology ___ Neurology ___ Oncology ___ Ortopedic Surgery ___ Urgent Care ___ Zoo Medicine _____ Large animal ___ Equine ___ Livestock Med/Surg	_____ Necropsy _____ Pharmacy _____ Medical Records/Clerical _____ Hospitality _____ Service Excellence (Lobby) _____ Laboratory ___ Lab animal prep. ___ Research _____ Other: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">HOURS AVAILABLE TO WORK</th> </tr> <tr> <td colspan="2">Be specific please</td> </tr> <tr> <td>Monday</td> <td>_____</td> </tr> <tr> <td>Tuesday</td> <td>_____</td> </tr> <tr> <td>Wednesday</td> <td>_____</td> </tr> <tr> <td>Thursday</td> <td>_____</td> </tr> <tr> <td>Friday</td> <td>_____</td> </tr> <tr> <td colspan="2">Comments: _____</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	HOURS AVAILABLE TO WORK		Be specific please		Monday	_____	Tuesday	_____	Wednesday	_____	Thursday	_____	Friday	_____	Comments: _____					
HOURS AVAILABLE TO WORK																						
Be specific please																						
Monday	_____																					
Tuesday	_____																					
Wednesday	_____																					
Thursday	_____																					
Friday	_____																					
Comments: _____																						

Date you could start: _____
 Semester applying for: _____
 Computer skills: _____
 Special qualification/skills: _____
 Subjects of special study or research work: _____

EDUCATION	
------------------	--

High school (name & location) _____
 Date graduated _____ GED _____
 College, vocational-technical school or related education (name & location)
 1. _____
 Date graduated Major Degree
 2. _____
 Date graduated Major Degree

WORK HISTORY

(LIST YOUR CURRENT OR MOST RECENT EMPLOYER FIRST)

1. Employer _____ Dates employed: _____

Address _____

Duties _____ Telephone: _____

2. Employer _____ Dates employed: _____

Address _____

Duties _____ Telephone: _____

QUESTIONNAIRE

Why are you interested in becoming a volunteer at the CSU VTH?

What types of skills and abilities do you have that should be considered when placing you in a volunteer position?

IN CASE OF AN EMERGENCY NOTIFY

Full name _____ Address _____ Phone number _____

Have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) Yes: _____ No: _____

If yes, attach an explanation.

CERTIFICATION/AUTHORIZATION:

I certify that all statements made on this application are true to the best of my knowledge and belief and are made in good faith. I understand that I may not be considered for a volunteer position with the Veterinary Teaching Hospital and/or I may be removed from a position after hire if it is found that information on this application was falsified. I can supply information that will prove the entries on this application are true. I authorize the Veterinary Teaching Hospital to verify and investigate the information provided. I release the Veterinary Teaching Hospital and any of my former employers, and anyone else, from liability for seeking or providing information.

Signature _____

Date _____

Signature of Parent/Guardian if _____
Applicant is under 18 yrs

Date _____