

**VMC Service Volunteer Program  
Application Form**

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact/phone \_\_\_\_\_

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**Skills/experience inventory** (check all that apply)

- Experience or training in customer service/dealing with the public.
- Familiarity with PCs and FAX machines.
- Experience with phone work.
- Experience handling dogs, cats, or horses.

**List your educational background, starting with high school.**

<u>Name of school</u>	<u>Years attended</u>	<u>Diploma/Certificate/Degree</u>
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**List all work experience for the past 10 years.**

<u>Company name</u>	<u>Years employed</u>	<u>Job title</u>
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**Preferences in Volunteering**

Is there a particular type of volunteer work in which you are interested? (See job descriptions)

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Animal care                | <input type="checkbox"/> Administrative support activities |
| <input type="checkbox"/> Patient support activities | <input type="checkbox"/> Events                            |

**Availability**

At what times are you interested in volunteering?

- |  |  |
|--|--|
| <input type="checkbox"/> Weekday morning   | <input type="checkbox"/> Weekend morning   |
| <input type="checkbox"/> Weekday afternoon | <input type="checkbox"/> Weekend afternoon |
| <input type="checkbox"/> Weekday evening   | <input type="checkbox"/> Weekend evening   |

How many hours a month would you like to volunteer? \_\_\_\_\_

**How did you hear about us?**

- |  |   |
|--|---|
| <input type="checkbox"/> Web site                          | <input type="checkbox"/> Referred by friend/volunteer |
| <input type="checkbox"/> Newspaper advertisement           | <input type="checkbox"/> From agency/school           |
| <input type="checkbox"/> Corporate listing                 | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Volunteer Resource Center listing |   |
| <input type="checkbox"/> From client of VMC                |   |
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**References**

Please list the names and addresses of two personal references. We prefer people familiar with your work.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

**Permission to conduct a reference check**

I allow the University of Minnesota's Veterinary Medical Center to perform a reference check of the two individuals listed above.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to helping determine my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and other information, as they deem appropriate.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date