

**BARTRAM TRAIL VETERINARY HOSPITAL
VOLUNTEER PROGRAM
904-940-0655**

WELCOME TO BARTRAM TRAIL VETERINARY HOSPITAL:

AS A VOLUNTEER, YOU WILL BE REPRESENTING US TO OUR CLIENTS AND WILL BE REQUIRED TO DRESS AND ACT IN A PROFESSIONAL MANNER. WE WANT TO THANK YOU FOR THE TIME YOU PLAN TO SPEND WITH US. YOUR HELP WILL BE GREATLY APPRECIATED.

DRESS CODE: WHILE VOLUNTEERING AT THE HOSPITAL, YOU WILL NEED TO DRESS CASUAL, BUT IN NICE ATTIRE. SCRUB SHIRTS ARE AVAILABLE; HOWEVER, COLLARED SHIRTS AND KHAKI PANTS MAY ALSO BE WORN. JEANS AND / OR T-SHIRTS ARE UNACCEPTABLE.

INTRODUCTION: ON YOUR FIRST VISIT TO THE HOSPITAL, YOU WILL BE GIVEN A TOUR OF ALL AREAS. YOU WILL BE INTRODUCED TO ALL THE DOCTORS, TECHNICIANS, ASSISTANTS, AND RECEPTIONISTS. AFTER YOU ARE AQUAINTED, YOU WILL BE GIVEN A FEW DUTIES TO HELP KEEP THE HOSPITAL CELAN AND IN RUNNING ORDER.

**FOR YOUR SAFETY, YOU WILL NOT BE ABLE TO PERFORM
THE FOLLOWING TASKS:**

- 1. RESTRAIN ANIMALS**
- 2. DO ANY TYPE OF LAB PROCEDURES**
- 3. BE IN THE RECEPTION AREA**

KEEP IN MIND: DISCUSSION ABOUT CLIENTS AND PATIENTS IS RESTRICTED OUTSIDE THE HOSPITAL TO PROTECT THEIR PRIVACY. WE ALSO ASK THAT YOU REFRAIN FROM OFFERING ANY TYPE OF ADVICE OR OPINIONS TO ANY OF THE CLIENTS. IF THE CLIENT HAS A QUESTION IT SHOULD BE DIRECTED TO A DOCTOR OR A STAFF MEMBER.

SCHEDULING: PLEASE SCHEDULE YOUR VOLUNTEER DAYS WITH DR. DAVIS. IT WOULD BE APPRECIATED IF YOU CALL TO NOTIFY US OF ANY CANCELLATIONS.

**PLEASE FEEL FREE TO ASK QUESTIONS AND AGAIN WE
THANK YOU FOR YOUR HELP AND INTEREST.**

Bartram Trail Veterinary Hospital
6751 State Road 16
St. Augustine, Florida 32092
904-940-0655

Volunteer Application

Name: _____

Address: _____

Phone: _____ Cell: _____

School: _____

Age: _____ Grade: _____

How many pets does your family have?

Cats: _____ Dogs: _____ Other: _____

Do you plan on entering the field of Veterinary Medicine? _____

Days able to volunteer: _____

Times: _____

Release:

I hereby give my permission for my son/daughter to work as a volunteer with Bartram Trail Veterinary Hospital. I understand that I will be responsible for their transportation. I also release Bartram Trail Veterinary Hospital from any responsibility as to the safety of my child.

Parent/Legal Guardian: _____ Date: __/__/__

Doctor/Manager: _____ Date: __/__/__

**Bartram Trail Veterinary Hospital
VOLUNTEER LIABILITY RELEASE FORM**

Parental Consent Form

** If you 18 or over, you do NOT need a parental consent form.*

I, the parent or guardian of _____, give my consent to his/her participation at Bartram Trail Veterinary Hospital from _____ to _____ as a volunteer.

I hereby release Bartram Trail Veterinary Hospital and its officers, employees and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release Bartram Trail Veterinary Hospital and its officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

() _____
Phone Number

Participation Waiver

In consideration for participating in _____, during the dates _____ to _____, I assume responsibility for all my actions while at Bartram Trail Veterinary Hospital's facilities, traveling to and from the facility, or engaged in an activity under the supervision of my adult team leader, and/or Bartram Trail Veterinary Hospital staff.

Furthermore I, _____, hereby release Bartram Trail Veterinary Hospital and their officers, employees and agents for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

Signature of Participant

Printed Name

Date

Signature of Witness

Printed Name

Date