

# Animal Alliance of Cape May County ~ Low Cost Spay/Neuter Clinic

## VETERINARIAN TECHNICIAN

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Cell: \_\_\_\_\_

Birth Date: \_\_\_\_\_ You must be over 18 years Old.

Employer/Job Title: \_\_\_\_\_

Allergies or restrictions: \_\_\_\_\_

How did you hear about the clinic? \_\_\_\_\_

- Experience (Check All):
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Veterinary Hospital  | <input type="checkbox"/> Animal Shelter  | <input type="checkbox"/> Cleaning             |
| <input type="checkbox"/> Zoo                  | <input type="checkbox"/> Boarding Kennel | <input type="checkbox"/> Feral Cat experience |
| <input type="checkbox"/> Farm Animals         | <input type="checkbox"/> TNR experience  | <input type="checkbox"/> Scheduling           |
| <input type="checkbox"/> Reception/Front Desk | <input type="checkbox"/> Clerical        |   |
| <input type="checkbox"/> Other _____          |  |   |

Have you ever worked/volunteered at another low cost spay/neuter clinic?  Yes  No

If so, where? \_\_\_\_\_

Who was your direct supervisor? \_\_\_\_\_

In case of emergency, Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*I confirm that the information provided on this application is correct. I understand the commitment involved and acknowledge that my services are performed at my own risk. I agree to adhere to the policies and carry out my duties as a Animal Alliance of Cape May County Animal Shelter Volunteer effectively*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It is recommended all volunteers be current in their Rabies and Tetanus Vaccinations.*

**PLEASE ATTACH RESUME ~ Please include all previous employers**