Application for Volunteer Veterinarians

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

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

(as it appears on your official identification used for flying)

Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for booking flights.

Surgery glove size: \_\_\_\_\_\_\_\_\_\_\_. CVO licence #\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred method of communication: \_\_\_\_\_\_\_

Emergency Contact and relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name, address, phone contact) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate (circle) any of your skills that you feel would be of interest/use to GBAQT:

* Administration Accounting Logistic Planning Public Relations
* Fundraising Photography Teaching Policy Development

Veterinary School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province currently licensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your professional background? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Areas of expertise or experience in animal health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tell us why you feel you would be a good member of this team? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about our group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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We respectfully request that you read, understand, and approve of the GBAQT Aims and Code of Conduct found on the GBAQT website. And that you will read the protocols, job descriptions, and Standard Operating Procedures (SOP’s) sent to you by the team leader before a trip.

Any concerns or different suggestions regarding the above information should be addressed with the team leader before the trip, or after the trip.

Please indicate (initial) that you have read all of these documents: \_\_\_\_\_\_\_\_\_\_\_

Do you have any previous experience as a volunteer? If so with what organizations and what kind of work did you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What life experiences or skills do you have that might be useful to you in volunteering with us?

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What do you hope to gain from volunteering with us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Can you provide us with a reference for your veterinary skills and your team skills? Perhaps an

employer or a colleague? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In the interest of humane dog population control you will possibly be asked to spay pregnant, lactating, or in heat dogs. Do you feel comfortable with this?

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We require experienced small animal practitioners that are willing to work in a fast-paced atmosphere under less than ideal conditions.

What is your average time for completing a dog spay surgery \_\_\_\_\_\_\_\_\_\_\_\_ .Neuter: \_\_\_\_\_\_\_\_\_\_

Suggested maximum time frames for the following procedures are:

* Canine Castration: 20 minutes
* Dog Spay (including pregnant, lactating, in heat): 35-45 minutes

Are you comfortable:

* Placing intravenous catheters \_\_\_\_\_\_\_\_\_\_\_
* Intubating dogs \_\_\_\_\_\_\_\_\_\_\_\_\_
* Monitoring anesthesia with a minimum of equipment \_\_\_\_\_\_\_\_\_\_\_\_\_
* Filling out paperwork (consents, narcotic logs, anesthetic and surgery charts) \_\_\_\_\_\_
* Cleaning instruments, wrapping kits, and autoclaving? \_\_\_\_\_\_\_\_\_\_\_\_\_
* Doing pretty much anything needed like cooking, cleaning, sweeping etc. \_\_\_\_\_\_\_\_

Do you have any health concerns that we need to know about that are relevant to our program? \_\_\_\_\_\_\_ If YES, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there any additional information that you would like to share with us, such as, health or dietary concerns or any special requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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When or what times of the year are you available to travel with the team to perform dog population control? We usually run two trips annually. These are our usual dates.

* Second week of June
* Second week of September

We require a yearly meeting for debriefing and forward planning. We would welcome your attendance, virtually or physically.

As a commitment to our team and to humane dog population control, our not for profit group asks that you either donate $500 to the GBAQT, or supply an in kind donation to the value of $500, or fundraise $500 as a gift to the GBAQT for each trip you attend as a team member. Is this acceptable to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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*Waiver*

I understand that I am a volunteer with the GBAQT. I will not hold GBAQT or any of its members liable for any damage, injury or harm caused directly or indirectly through my volunteer activities with the GBAQT.

I understand the GBAQT cannot guarantee or be held responsible for the health, behavior or temperament of any rescue dog I may handle. I am aware that rescue dogs may cause personal or property damage. I will not put any dog or myself or any other person at risk when handling dogs.

We recommend that you have up to date rabies and tetanus vaccinations.

Signature Date

Declaration

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any false statements or omissions may disqualify me from volunteering with Grey Bruce Aboriginal Qimmiq Team (GBAQT).

Signature Date

***Thank you for your commitment to making a positive impact on the well-being of both animals and Northern Ontario Indigenous communities in need through Grey Bruce Aboriginal Qimmiq Team (GBAQT). We will review your application and get in touch with you shortly.***