Golf-Mil Veterinary Hospital

8950 N. Mllwaukee Ave. Niles, IL 60714 (847) 296-3359 Fax (847) 299-6285

Volunteer Application

First Name:	Last Name:	Dat	te:	
Cellular Phone:	Emergency Contact/Number			
Email Address				
Address (Current Residence)				
Street Address:			Apartment #:	
City:	State:	County:	Zip:	
 Are you a U.S. citizen? □ Yes □ No If no, what type of federal document do you have?				
Education				
Current Educational Institution: High School Undergraduate Graduate Graduation Date:				
Name of Institution:				
Field of Study: Veterinary Technology Business DVM Other				
Do you hold any other degrees? 🗅 Ye	es 🗅 No If Yes, in what fiel	d(s) of study?		
Dates for Volunteering:				

* Please not volunteer opportunities are not paid and animal contact is very limited. Volunteer's will get to experience the veterinary field behind the scenes, learn about a variety of veterinary topics, and also help with a variety of projects and cleaning.

Please submit this application along with resume and cover letter to: golfmilvet.vanesa@gmail.com

Thank you for your interest in Golf-Mil Veterinary Hospital! If volunteer hours is required for class credit please complete next section:

School Name				
City:	State:	Zip:		
Instructor Name:	Instructor Phone:			
Instructor Email:				
How were you referred to us:				

Do you have any limitation we need to know about? Time or schedule limitations, or any physical or medical limitations or conditions. This position requires lifting, close contact with animals of all species, flexible scheduling and periodic evening and weekend hours. Please be specific.

Please list three references, if any. Include your relationship with this person, telephone number, and their occupation.

Applications do not constitute a contract of any kind. All volunteers may be terminated at any time due to behavior, misconduct, or failure to comply to protocols.