

VOLUNTEER APPLICATION

Date _____

Name _____ Address _____

Day Time Phone Number _____ Evening _____

Social Security Number _____ Drivers License Number _____

Are you over the age of 18 years old? Yes _____ No _____

Reason for participation at our practice: _____ Internship _____ Externship _____ Other _____

EDUCATION HISTORY

High School Attended _____ Highest Grade Completed _____

Address _____

Higher Education: (College, Trade School, Special Training, etc....)

School Name _____

Dates Attended _____ Degree or Certificate _____

If further space is needed please use back of application.

CONFIDENTIALITY AGREEMENT

Client and patient records are confidential and legal documents that are owned by the practice. The information provided by these records is for the client of record and the veterinarian only. Any violation of confidentiality seriously injures our practice’s reputation and effectiveness. Information about the condition, care and treatment of a horse, and the resulting invoice is confidential and may not be discussed with anyone outside the practice. Even casual remarks can be misinterpreted and repeated, so develop the personal discipline necessary to maintain confidentiality. If someone outside the clinic questions you and you are concerned about the appropriateness of giving them certain information, remember that you are not required to answer, and that we do not wish you to do so. Instead refer the request to one of the veterinarians. After you leave our clinic, you are expected to maintain the confidentiality policy after your departure.

At SME we encourage volunteers to become involved in all aspects of our practice including asking questions and performing “hands on” tasks. However, we must at all times put our clients first, and as this is a general practice and not a primary teaching facility, there may be times when you will be quietly observing only. When clients are present and/or the doctor is busy with procedures, we ask that you refrain from conversation unless addressed by the doctor or asked to participate.

I hereby certify that I have read the above document and that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant

Date