



**DIXIE ANIMAL HOSPITAL**  
— OVER 50 YEARS OF CARING —

MICHAEL J. PEGELOW D.V.M.  
LARA SPARKS D.V.M.

14701 S. DIXIE HWY., MIAMI, FL 33176  
TELEPHONE: 305 238 5161  
FAX: 305 238 9297

---

**VOLUNTEER APPLICATION FORM**  
(UNDER 18 YEARS OLD)

THANK YOU FOR CONSIDERING DIXIE ANIMAL HOSPITAL FOR YOUR VOLUNTEERING NEEDS. WE UNDERSTAND THAT YOUR TIME AND SERVICE IS VALUABLE AND HOPE TO HELP YOU ACHIEVE YOUR GOALS WHILE POTENTIALLY VOLUNTEERING HERE. PLEASE COMPLETE THE FOLLOWING INFORMATION AND SUBMIT YOUR APPLICATION TO:

**ATTENTION:**

**MATT WEICH, ASST. LABORATORY SUPERVISOR/VOLUNTEER COORDINATOR**

- COPY OF YOUR DRIVER'S LICENSE OR IDENTIFICATION CARD
- COPY OF YOUR MOST RECENT SCHOOL TRANSCRIPTS/REPORT CARD
- COPY OF YOUR INSURANCE CARD
- COMPLETED VOLUNTEER APPLICATION



**DIXIE ANIMAL HOSPITAL**  
— OVER 50 YEARS OF CARING —

MICHAEL J. PEGELOW D.V.M.

LARA SPARKS D.V.M.

14701 S. DIXIE HWY., MIAMI, FL 33176

TELEPHONE: 305 238 5161

FAX: 305 238 9297

**VOLUNTEER APPLICATION FORM**

(UNDER 18 YEARS OLD)

VOLUNTEER'S NAME (LAST, FIRST, MI):

PARENT/GUARDIAN NAME:

ADDRESS:

CITY/STATE/ZIP CODE:

HOME PHONE/CELL:

ALLERGIES AND/OR PHYSICAL RESTRICTIONS:

EMAIL ADDRESS:

PARENTS EMAIL ADDRESS:

EMERGENCY CONTACTS (NAMES/NUMBERS):

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE?:

Yes  No

PLEASE INDICATE THE TIMES AVAILABLE TO WORK (OUR HOURS ARE MONDAY THROUGH SATURDAY 8:00AM TO 5:00PM):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM						N/A
PM						N/A

EDUCATION (DESCRIBE ANY DEGREES, SKILLS, TRAINING, CERTIFICATIONS, OR SPECIALIZATIONS):

	NAME OF SCHOOL	LOCATION (CITY, STATE)	MAJOR	GRADUATION YEAR	G.P.A.
HIGH SCHOOL					
OTHER					

REFERENCES (IF POSSIBLE TRY TO INCLUDE AT LEAST ONE REFERENCE):

NAME	ADDRESS	PHONE	RELATIONSHIP



MICHAEL J. PEGELOW D.V.M.  
LARA SPARKS D.V.M.

14701 S. DIXIE HWY., MIAMI, FL 33176  
TELEPHONE: 305 238 5161  
FAX: 305 238 9297

---

---

**VOLUNTEER APPLICATION FORM**  
(UNDER 18 YEARS OLD)

**PARENTAL CONSENT FORM**

(REQUIRED FOR ANY VOLUNTEER UNDER EIGHTEEN (18) YEARS OF AGE)

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER \_\_\_\_\_ TO VOLUNTEER WITH DIXIE ANIMAL HOSPITAL. I CERTIFY THAT MY CHILD WAS BORN ON \_\_\_\_\_. I HAVE REVIEWED THE ENTIRE DIXIE ANIMAL HOSPITAL VOLUNTEER INFORMED CONSENT AND WAIVER OF LIABILITY CONTAINED IN THIS DOCUMENT. I HEREBY ACKNOWLEDGE AND RECOGNIZE THE POSSIBLE RISK IN WORKING WITH ANIMALS, AND THAT IT CAN LEAD TO SERIOUS INJURY. OR EVEN DEATH. I UNDERSTAND MY CHILD WILL NOT BE UNDER CONSTANT ADULT SUPERVISION WHILE VOLUNTEERING. AS THE PARENT AND/OR LEGAL GUARDIAN OF THIS MINOR CHILD, I CONSENT TO HIS/HER PARTICIPATION AS A DIXIE ANIMAL HOSPITAL VOLUNTEER. I RELEASE AND AGREE TO HOLD HARMLESS, BOTH FOR MYSELF AND ON BEHALF OF MY MINOR CHILD, DIXIE ANIMAL HOSPITAL, ITS AGENTS, EMPLOYEES AND OTHER VOLUNTEERS FROM AND AGAINST ANY AND ALL LOSS, PERSONAL INJURIES, PROPERTY DAMAGE, CLAIMS. LIABILITY, COSTS AND EXPENSES OF ANY NATURE WHATSOEVER, INCLUDING, WITHOUT LIMITATION, ATTORNEY'S FEES AND DISBURSEMENTS (COLLECTIVELY, "LOSSES"), ARISING OUT OF MY CHILD'S PARTICIPATION AS A VOLUNTEER, WHETHER AT DIXIE ANIMAL HOSPITAL OR ANY OFF-SITE LOCATION. I ALSO AGREE NOT TO SUE OR INITIATE OF ACTIVELY SUPPORT ANY LEGAL ACTION AGAINST DIXIE ANIMAL HOSPITAL, ITS AGENTS, EMPLOYEES OR OTHER VOLUNTEERS, IN CONNECTION WITH ANY LOSSES ARISING FROM OR OCCASIONED BY MY CHILD'S PARTICIPATION AS A VOLUNTEER.

I CERTIFY THAT MY CHILD HAS HEALTH INSURANCE THAT WOULD COVER ANY INJURY RECEIVED WHILE PARTICIPATING AS A VOLUNTEER AT DIXIE ANIMAL HOSPITAL, AND TO THE EXTENT ANY MEDICAL EXPENSES ARE NOT COVERED BY INSURANCE, I AGREE TO BE RESPONSIBLE FOR HIS/HER MEDICAL BILLS. TO THE BEST OF MY KNOWLEDGE MY CHILD DOES NOT HAVE ANY ANIMAL RELATED ALLERGIES OR OTHER MEDICAL OR PSYCHOLOGICAL CONDITION THAT WOULD MAKE IT INAPPROPRIATE OR DANGEROUS (FOR MY CHILD, THE ANIMALS OR OTHERS) FOR MY CHILD TO PARTICIPATE AS A DIXIE ANIMAL HOSPITAL VOLUNTEER. IN THE EVENT MY CHILD REQUIRES MEDICAL CARE ON AN EMERGENCY BASIS AND I CANNOT BE REACHED AT THE EMERGENCY PHONE NUMBER LISTED ABOVE, I AUTHORIZE DIXIE ANIMAL HOSPITAL OR ITS AGENTS, EMPLOYEES OR OTHER VOLUNTEERS TO SEEK SUCH CARE FOR MY CHILD AT MY EXPENSE.

SIGNATURE OF VOLUNTEER'S PARENT AND DATE

-----  
PRINTED NAME OF VOLUNTEER'S PARENT.

-----