



DIXIE ANIMAL HOSPITAL
— OVER 50 YEARS OF CARING —

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VOLUNTEER APPLICATION FORM

(18 YEARS AND OLDER)

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:

PATRICK SCARDINA, PRACTICE MANAGER 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



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VOLUNTEER'S NAME (LAST, FIRST M.I.):

ADDRESS:

CITY | STATE | ZIP CODE:

HOME PHONE | CELL:

DATE OF BIRTH:

ALLERGIES AND/OR PHYSICAL RESTRICTIONS:

EMAIL ADDRESS:

EMERGENCY CONTACTS (NAMES/NUMBERS):

RELATIONSHIP TO EMERGENCY CONTACT:

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					
COLLEGE					
OTHER					

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

NAME	ADDRESS	PHONE	RELATIONSHIP



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INFORMED CONSENT FORM

(REQUIRED FOR ANY VOLUNTEER 18 YEARS AND OLDER)

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 THAT I WILL NOT BE UNDER CONSTANT ADULT SUPERVISION WHILE VOLUNTEERING. I RELEASE AND AGREE TO HOLD HARMLESS, 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 PARTICIPATION AS A VOLUNTEER, WHETHER AT A DIXIE ANIMAL HOSPITAL OR ANY OFF-SITE LOCATION. I ALSO AGREE NOT TO SUE OR INITIATE OR 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 PARTICIPATION AS A VOLUNTEER. I CERTIFY THAT I HAVE 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 MY MEDICAL BILLS. TO THE BEST OF MY KNOWLEDGE, I DO NOT HAVE ANY ANIMAL-RELATED ALLERGIES OR OTHER MEDICAL OR PSYCHOLOGICAL CONDITION THAT WOULD MAKE IT INAPPROPRIATE OR DANGEROUS (FOR ME, THE ANIMALS OR OTHERS) FOR ME TO PARTICIPATE AS A DIXIE ANIMAL HOSPITAL VOLUNTEER. IN THE EVENT I REQUIRE MEDICAL CARE ON AN EMERGENCY BASIS AND MY CONTACTS CANNOT BE REACHED AT THE EMERGENCY PHONE NUMBER(S) LISTED ABOVE, I AUTHORIZE DIXIE ANIMAL HOSPITAL OR ITS AGENTS, EMPLOYEES OR OTHER VOLUNTEERS TO SEEK SUCH CARE FOR ME AT MY EXPENSE.

SIGNATURE OF VOLUNTEER AND DATE

PRINTED NAME OF VOLUNTEER
