

**Nechako Valley Animal Health Services
Volunteer Application**

Days and times spent at Nechako Valley Animal Health Services are determined by the veterinarians.

Name: _____

Address: _____

Phone Number: _____

Allergies or Medical Condition: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Family Doctor: _____

Doctor Office Phone Number: _____

BCMSP Number: _____

I, _____, have read the volunteer description and expectation form and understand my duties and expectations as a volunteer with Nechako Valley Animal Health Services. I will not hold Nechako Valley Animal Health Services, Dr. Cori Stephen, Dr. Teresa Cook, or any of their staff responsible for any injury or illness I may acquire while being at the clinic site or on calls. I understand that this is not a paid position and I will not be receiving any type of compensation, I also understand that any infraction of the rules listed or gross misconduct of myself will result in immediate termination of my volunteer time.

Signature: _____

Date: _____

Witness Signature: _____

Date: _____