

**TUFTS UNIVERSITY SCHOOL OF VETERINARY MEDICINE
WILDLIFE CLINIC**

VOLUNTEER REGISTRATION FORM

The information on this form will help us find the most satisfying and appropriate volunteer service for you at the Wildlife Clinic. Your cooperation in completing this form is most appreciated.

Name _____ Date _____

Address _____ Home Phone _____

City _____ Work Phone _____

E-mail _____

Medical Insurance: Company _____ Policy Number _____

In Case of Emergency, please notify:

Name _____ Relationship _____

Phone (Day) _____ (Evening) _____

Education: Circle appropriate: Degree:

High School	1	2	3	4	
College	1	2	3	4	
Graduate	1	2	3	4	
Other					

Work Experience: (most recent)

Place of Employment	Duties	Hours per week

Volunteer Experience

Organization	Responsibilities	Dates

What kinds of volunteer work at the Clinic are you interested in?

Animal Care _____ Office/Library _____ Laboratory _____

Time you have available for volunteering at the Clinic: [We require minimum 6-month commitment, 4 hours per week]

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Please check other areas in which you might be able or willing to help the Clinic:

- Driving (picking up or releasing animals, grocery shopping) _____
- Computer Input _____
- Representing the Clinic at various functions, being in charge of a table or booth, handing out brochures, explaining the operations of the Clinic, etc. _____
- Graphics (printing, calligraphy, art work) _____
- Helping with newsletter _____
- Carpentry _____
- Library Organization _____
- Yard Work (raking, weeding) _____
- Other _____

Special skills, training, interests or hobbies:

How did you hear about our volunteer program:

Personal References:

1) _____ Phone _____

2) _____ Phone _____

Applicant's Signature _____ Date _____

Please mail form to: Wildlife Clinic – TUSVM
 200 Westboro Road
 North Grafton, MA 01536