

SYLVANIA VETERINARY HOSPITAL
4801 HOLLAND-SYLVANIA, SYLVANIA, OH 43560
(419) 885-4421; FAX (419) 885-0244
www.sylvaniavet.com

THE ALOHAS

PROGRAM DIRECTOR: Dr. Bob Esplin
ASSOCIATE DIRECTOR: Sarra Beam, RVT

ROBERT ESPLIN, D.V.M
JENNIFER TATE, D.V.M
MELANIE BLAISDELL, D.V.M
NATALIE THOMAS, D.V.M
KATE HISSAM, D.V.M
TAYE HART, D.V.M

APPLICATION FOR THE ALOHAS

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **DATE OF BIRTH:** _____

E-MAIL ADDRESS: _____ **AGE:** _____

DO YOU HAVE CONDITIONS THAT WE SHOULD BE AWARE OF? IF SO, PLEASE LIST.

DO YOU HAVE ANY ANIMALS OF YOUR OWN? _____

HAVE YOU EVER WORKED WITH ANIMALS? _____

PERSON TO NOTIFY IN CASE OF EMERGENCY _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____

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RELEASE AGREEMENT

I, _____ understand this is an application for a volunteer position with the Sylvania Veterinary Hospital and the ALOHAS team. I agree to not hold Sylvania Veterinary Hospital responsible for any injuries or illness sustained during my time as a volunteer. I will take necessary precautions to not allow myself to come in harms way or to cause harm or injury to any other employees, volunteers or animals while volunteering at Sylvania Vet Hospital. I agree that if I am not able to attend for any volunteer sessions I will contact the office.

Signature,

Date: _____