

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone – text ok?	
E-Mail Address	
Referred By	

Veterinary Experience - Veterinarian

Current Position/Role	
License(s) held currently	
Vet School & graduation year	
Position applying for: surgery/recovery/pre-med	
Average time for cat OHE?	
Average time for 40# K9 OHE?	
Comfort level performing scrotal neuters?	1=not comfortable; 10= extremely comfortable
Comfort level with intradermal suturing?	1=not comfortable; 10= extremely comfortable
Rabies vaccinated with current titer?	

Veterinary experience – Technician/Assistant

Current Position/Role	
License(s) held currently	
Tech School & grad year &/or years veterinary experience	
Number of IV catheters placed per week?	
Comfort level with ISO anesthesia machines?	1=not comfortable; 10= extremely comfortable
Comfort level with intubation?	1=not comfortable; 10= extremely comfortable
Able to comfortably lift 50 pounds from ground to table?	
Rabies vaccinated with current titer?	

Interests

For which clinic(s) you are interested in volunteering? (all are rounds of the Spayathon for Puerto Rico, locations TBA)

___ PR Round 6: February 19 to 28, 2020

___ PR Round 9: February 17 to 26, 2021

___ PP Round 7: April 29 to May 8, 2020

___ PR Round 10: April 28 to May 7, 2021

___ PR Round 8: November 4 to 13, 2020

Do you speak Spanish? Y / N

Are you fluent, and comfortable with medical discussions with owners? Y / N

Relevant Skills or Qualifications

Summarize any skills and qualifications you would like us to know about, including languages, travel, ER experience, etc

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Previous HQHVSN Experience?

Summarize your previous HQHVSN volunteer experience.

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References

Please list three professional and/or personal references and their phone numbers

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Disclosure, submitting application

Please read the following disclosure and initial showing you understand and agree.

_____ Puerto Rico is still considered a disaster area; much of the island is still without power and water and/or experience blackouts frequently. Although we try our best to provide safe and comfortable accommodations and working environment, a lot of things are out of our control. We expect our volunteers to be flexible and understanding as situations and challenges arise. For example, meals will be provided, but timing and quality of meals may not always be consistent, the crew may be housed in separate locations, and you may be asked to share a room or even a bed with another volunteer. Working days will be hot, long and strenuous. Expect to be on your feet for 12-14 hours per day. If you have any further questions about what that may mean for you, please contact us directly. Thank you for completing this application form and for your interest in volunteering with ViDAS!

Please return this completed application to : vidas.volunteer@gmail.com Although not required, we encourage you to attach a resume/CV in addition to the application for further consideration..

You will receive an email within one week confirming receipt of this application. Staffing of clinics generally occurs 3 to 6 months ahead of clinic dates. You will be contacted separately if you are being considered for a crew member position. Applications will be stored in our system for one year