SAVING COMMUNITY CATS
OPERATION CATNIP

# DVM Volunteer Application

## Contact Information

| | | | |
|---|---|---|---|
| Name | | | |
| Street Address | | | |
| City, State, ZIP | | | |
| Primary Phone | | Secondary Phone | |
| E-Mail | | | |

## Licensure

Are you licensed in the state of Florida?

_____ License Number

Do you have hospital privileges at UF?

___Yes

___No

## Trap-Neuter-Return

Do you have experience with TNR? If so, please describe:

| |
|---|
| |

## Person to Notify in Case of Emergency

| | | | |
|---|---|---|---|
| Name | | | |
| Street Address | | | |
| City, State, ZIP | | | |
| Primary Phone | | Secondary Phone | |

## 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: |

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.