



# Animal Emergency Hospital

#3 7644 Gaetz Ave.

Red Deer, AB

(403) 347-3277

## Volunteer Application Form

\*Please include a resume & cover letter with your application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Note: Volunteers must be 16 years of age.**

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How did you hear about our Volunteer Program?

Friend     Website    Other \_\_\_\_\_

Why would you like to volunteer with the Hospital? \_\_\_\_\_

Please list other organizations that you have volunteered for: \_\_\_\_\_

Can you make a three month commitment as a volunteer to the Hospital?

Yes     No    If yes, when are you available? \_\_\_\_\_

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### Areas of Interest

*(Positions may not be available at this time. You will be contacted when a position is available.)*

- Cleaning/General Help     AHT Qualification Hours  
 Office/Administration Support

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Applicants under 18, please have a parent/guardian sign as well