




JEFFERS ANIMAL HOSPITAL
2605 West Jefferson Road Kokomo, IN 46901
765-457-5521



Thank you for inquiring about our shadow/volunteer program! The applicant must be at least 13 years old, have parents consent, and transportation arrangements. Please fill out the following application with your child, and return it to us at your convenience. You will be notified as soon as an opening is available. Please keep in mind that this program is quite popular, and there may be a waiting list. Feel free to call for an update of your child's application! At the time of approval, you and your child will be given a letter of what to expect and what is expected of your child.

Parents Names: _____

Child's Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: () _____

Email Address: _____

Age/Birthday: _____

Day(s)/Time(s) Available: _____

How did you hear about us? _____

***Possible Volunteer Times Available:**

Monday – Wednesday: 8:00 am – 12:00 pm
3:00 pm – 4:30 pm
4:30 pm – 6:00 pm

Thursday-Friday: 8:00 am – 12:00 pm
3:00 pm – 4:00 pm
4:00 pm – 5:00 pm

DEPENDING ON AVAILABILITY- OTHER TIMES MAY BE CONSIDERED.



Please have your child write a small paragraph stating why he/she would like to volunteer.

Signatures of Parents: _____

Date: _____

*Thank you for your interest in the volunteer program! The volunteer manager will be in touch with you to discuss the volunteer program in more detail!