



VOLUNTEER APPLICATION FORM

Start date of attachment _____

End date of attachment _____

DETAILS OF VOLUNTEER

Full Name		Alias (if any)	
Nationality		Date of Birth	
NRIC No.		Gender	
Marital Status		Race	

CONTACT INFO

Residential Address		Mobile No.*	
		Home No.*	
		Email Address	

EMERGENCY CONTACT INFO

Name of Emergency Contact:		Mobile No.*	
		Relationship:	

* please state country code

EDUCATION INFO

Course	University	Country	Year of Study

I hereby agreed to the followings:

- I will commit to a minimum of 4 days a week for 2 weeks (if a testimonial is required at the end of the attachment); Otherwise a minimum of 4 days a week for 1 week;
- I will commit to Amber Vet's prevailing working hours i.e. 30 minutes before opening hours and ends 30 minutes after closing hours during the attachment (please refer to www.ambervet.com for opening hours);
- I will adhere to all guidelines and protocols within Amber Vet; and
- I understand that my attachment may be terminated if my behaviour is in violation of the above mentioned or deemed not acceptable by the Management.
- I am responsible for my own safety during the period of attachment and hereby indemnify Amber Veterinary Practice Pte Ltd from any injury that may result during my attachment.

Signature of applicant

Date