

# PPC Pre-Med Summer Scholars APPLICATION



**PENINSULA  
PET CLINIC**

**Peninsula Pet Clinic, Inc.**  
1450 West 25th Street  
San Pedro, California 90732  
Phone: (310) 833-1111  
Fax: (310) 833-1162  
Website: BestVet4U.com  
Email: [PeninsulaLovesPets@gmail.com](mailto:PeninsulaLovesPets@gmail.com)

Insert Picture Here

*Peninsula Pet Clinic, Inc. is committed to a policy of equal opportunity for all applicants for volunteer positions and for all volunteers. Peninsula Pet Clinic does not discriminate against any applicant or volunteer based on, and considers each applicant and volunteer without regard to sex, race, color, national origin, ancestry, citizenship, pregnancy, age, marital status, medical condition, physical disability, mental disability, religion, or sexual orientation.*

Date:	
First Name:	
Middle Initial:	
Last Name:	
Date of Birth:	
Age:	
Address:	
City:	
State:	
Apt. #:	
Zip Code:	
Grad Year:	
Gender:	
Home Phone # (With area code):	
Cell Phone # (With area code):	
Email Address:	
Present Employer:	

Phone #:	
Emergency Contact Name:	
Emergency Contact's Phone #:	

1. Have you ever been convicted of a felony or misdemeanor (including a conviction for which the record has been sealed, expunged, or judicially dismissed)?

Yes \_\_\_ No \_\_\_

If yes, please explain. A felony or misdemeanor conviction will not necessarily disqualify an applicant from being offered a volunteer position.

2. Have you ever been arrested for a drug or sex offense? (If yes, please explain) Yes \_\_\_ No \_\_\_

3. How did you hear about our program?

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Name of Teacher Reference (Not a relative): \_\_\_\_\_

Teacher Reference Phone #: \_\_\_\_\_

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

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

School City: \_\_\_\_\_

School State: \_\_\_\_\_ School Zip Code: \_\_\_\_\_

Unweighted Grade Point Average: \_\_\_\_\_ Weighted Grade Point Average: \_\_\_\_\_

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Previous Volunteer Experience:

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Please list any foreign languages spoken:

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## Essay with Personal Insight Questions

Please state your reasons for wanting to volunteer at PPC, such as any special skills and qualities that you would bring to our program, your current career goals and why, and what you hope to gain from this experience (500 words or less). You may attach your essay to this sheet in the delivered application OR attach this essay to the emailed application.

# VOLUNTEER AGREEMENT AND CERTIFICATION OF INFORMATION

Believing that Peninsula Pet Clinic, Inc. has need of my services as a volunteer, I agree:

1. To hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, families, physicians, or personnel. I agree that I will not seek confidential information in regard to a patient.
2. That I am applying for an unpaid, volunteer position and not paid employment. I understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes an employment relationship or a contract of employment. I further understand and agree that neither this volunteer application nor the acceptance or performance of a volunteer position constitutes a guarantee or promise of future employment.
3. That if I accept a volunteer position, I will have a duty to be familiar with Peninsula Pet Clinic, Inc.'s rules, standards, and policies as they now exist or as they may be modified, added to, or abolished in the future. I agree to comply with and follow these rule, standards, and policies.
4. To purchase and wear the designated volunteer uniform and ID at all times while volunteering in the medical facility.
5. I certify that the answers given by me to the foregoing questions are true and without omissions. I authorize Peninsula Pet Clinic to investigate and/or verify any information relevant to my suitability as a volunteer.
6. Any person giving misleading or false information will be subject to immediate termination.
7. Failure to attend all program dates results in immediate termination from the program and no certificate of completion.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_