The UH Pre-Vet Club’s Vet Mentorship program is open to any pre-vet student attending the University of Hawai‘i interested in learning more about what it takes to become a veterinarian. Members at different UH campuses are encouraged to apply, as long as they are active members of the UH Pre-Vet Club. This program is beneficial for those who already have some veterinary experience as well as those who are just starting out in their pre-vet curriculum. Gaining veterinary / clinical experience is a crucial part of preparing for acceptance into a veterinary school, so participation in this program allows students to work alongside Hawai‘i veterinarians in an unpaid volunteer position and gain valuable and diverse experiences. This program aims to provide students an opportunity to work in an environment that actively promotes learning, critical thinking, clinical skills, and character building.

Opportunities are based on the abilities of the applicant and the schedules/availability of the veterinarians in your area. Your application will be matched to a veterinarian based on your schedules, locations, and areas of interest; so, the more you are willing to travel the better chance you have of being matched to your top choice.

Along with this application, the risk release waiver MUST be completed and turned in. Your application will not be processed without this waiver, which is located at the Pre-Vet Club website: http://www2.hawaii.edu/~prevet/

Please ensure that all of your contact information is correct. The Pre-Vet Club will not be responsible if you provide incorrect contact info and thus do not receive important messages concerning the Mentorship Program.

Full Name: ______________________                 E-mail Address: ______________
Mobile Phone #: (____)_____________                    Expected Application Year to Vet School:
Major/Minor: ___________________                  ______________
Class Standing: __________________
Vet Shadowing / Mentorship Program Application

Please enter the ZIP CODE in which you are most interested in finding a veterinarian to shadow: ______________________

How far are you willing to drive/travel from the above location?
□ < 5 miles □ 5-10 miles □ 10-20 miles □ > 20 miles

Which of the following areas (rank 1=most 4=least) do you most want to gain experience in?
_____ Small animal  _____ Large animal  _____ Lab animal
_____ Specialty medicine (i.e. surgery, pathology, etc), please specify below
_____ Exotics  _____ Research

Other (please specify): ______________________________________________________

What are the minimum hours per week you can volunteer during the Winter 2011/Spring 2012 Semester? ______________________

What days of the week/time would you prefer to volunteer? ______________________

Would you be able to volunteer during the Winter 2011 Break (circle one)? Yes / No

Please list any weeks/days (due to family trips, etc) that you will NOT be able to participate:

Do you have any previous vet or animal experience? (This is not necessary to be accepted into this program). If so, please describe; feel free to attach additional pages if necessary.
Vet Shadowing / Mentorship Program Application

How do you plan on fitting the Mentorship Program into your semester schedule? What schedule changes may affect your shadowing status? Please include circumstances such as: heavy course load, other volunteering obligations, membership to other clubs, full-time/part-time job status, etc.

The steps to becoming a veterinarian require utmost dedication and professional skills including but not limited to responsibility, initiative, and communication skills. As a participant in the Mentorship Program and a representative of the Pre-Vet Club, we expect the students to try their very best and to uphold these standards. Please explain how you will be able to exhibit the above qualities as a Mentorship Program student.
Vet Shadowing / Mentorship Program Application

For this page of the application, you will need to refer to the Pre-Vet Club website (http://www2.hawaii.edu/~prevet/) and access the page containing a list of available veterinarians. Please list the top 5 veterinarians you would like to shadow based on their location and type of practice. Write down the reference #, city/zip code, type of practice. Depending on availability, we may not be able to accommodate within your top 5 choices, but the Program Coordinator will do their best to ensure that you get a good match.

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<th>Reference #</th>
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If you have any additional comments / concerns regarding your choices, please list them here:
Vet Shadowing / Mentorship Program Application

Mentorship Program Guidelines & Rules

1. As a student of the Mentorship program, your involvement with clinical cases is completely up to the discretion of the veterinarian. This means that you should assume that you will be there to observe only, unless you have discussed otherwise with your assigned vet. If your primary objective is to gain hands-on experience, you will have to communicate your intent to both the Program Coordinator and the veterinarian with whom you are assigned.

2. Upon receiving an assignment, you will be responsible for contacting the vet no less than 2 weeks prior to the projected start date of your shadowing experience. It will be up to you to coordinate with your veterinarian to set up a schedule that will benefit the both of you. Once your schedule has been confirmed, you must report back to the Program Coordinator so that they can keep an accurate history for the club’s records.

3. A vital professional skill is responsibility. If you are going to be late or cannot make it to your scheduled volunteered time, it is up to you to contact your veterinarian and the veterinary office ASAP. Showing responsibility and respect towards the other employees goes a long way in terms of maintaining good relationships.

4. Communicate beforehand with your veterinarian to determine what would be the proper dress attire to wear to work. Some clinics may require you to wear scrubs—if that is the case, you will have to purchase your own (the Pre-Vet Club cannot provide scrubs to its members).

5. Respect patient confidentiality. Information about the patient and their owners may NOT be discussed outside of the clinic. This means no Facebook/MySpace/Twitter etc. pictures of patients.

6. After each semester, participating veterinarians will be reassigned to new students—this is done to ensure that all Mentorship Program get the greatest breadth of veterinary experience as possible. This reassignment protocol may be subject to change pending on availability.

7. As a participant of this program, you are required to a semester-long commitment, culminating in a minimum of 50 total hours of experience through the program (of course, if you want to put forth more hours, this is possible—just talk to your vet!).

8. As a Mentorship Program student, you are a representative of the University of Hawai‘i as WELL as the UH Pre-Vet Club. You are required to exhibit professional skills and a respectful demeanor at all times.
9. It is your responsibility to contact our Program Coordinator, Tracey Shigeta, at prevet@hawaii.edu, if your schedule changes and you are no longer able to participate in the program. Please do so as soon as possible in order to free up a seat for another student to be assigned to a veterinarian. If, under the above circumstances, if you do not make an effort to contact Tracey, you will be permanently barred from participating in this program in the future.

My signature indicates that I have thoroughly read the Program rules, completed the application truthfully and to the best of my ability, and understand what is expected of me as a participant of this program. I agree to follow all of the rules and guidelines with my best effort.

_______________________________________
FULL NAME (PLEASE PRINT CLEARLY)

_______________________________________
SIGNATURE

_______________________________________
PHONE #

_______________________________________
DATE

[For office use only]

APPROVED BY: ______________________
SIGNATURE: ______________________
DATE: ____________________________