Veterinarian Shadowing/Mentorship Program Sign-up

Thank you for your interest in the UH Pre-Vet Club’s Veterinarian Mentorship Program! This is the first year of our Program’s launch and our club is extremely excited! We strive for our Program to be beneficial for both the students and the veterinarians that serve as mentors.

Veterinarians who are interested in providing mentorship and clinical experience to UH pre-veterinary students are strongly encouraged to sign up for this program. This program aims to provide students an opportunity to work in an environment that actively promotes learning, critical thinking, clinical skills, and character building. Once assigned to a practice, each student will commit a minimum of 50 hours/semester (approximately 3-4 hours of volunteer work per week).

Once a student is assigned to volunteer at your practice, you will be contacted no less than two weeks prior to the student’s projected start date in order for your final approval of the student and to coordinate a volunteer schedule that will benefit both of the parties involved. For more information, please refer to the UH Veterinarian Mentorship/Shadowing Program proposal, which is also available at the Pre-Vet Club website: http://www2.hawaii.edu/~prevet/vmp.html

Full Name: ______________________
Phone #: (____)___________________
E-mail Address: _________________
Name of Practice: ________________________________
Address of Practice: ________________________________

Which of the following area(s) of medicine do you specialize in?

_____ Small animal  _____ Large animal  _____ Lab animal
_____ Specialty medicine (i.e. surgery, pathology, etc), please specify below
_____ Exotics  _____ Research  _____ Other (please specify in the space below)

What days of the week/time are you available to work with a volunteer?
How many volunteers are you willing to take on per semester? ________

Will volunteers be exposed to hands-on experience, or will they be there to observe only?

What is your typical caseload like? What types of cases do you generally see in your practice?

My signature indicates that I have thoroughly read the Program proposal, and understand what is expected of me as a participant of this program.

_____________________________________
FULL NAME (PLEASE PRINT CLEARLY)

_____________________________________
SIGNATURE

_____________________________________
PHONE #

_____________________________________
DATE

[For office use only]

APPROVED BY: ______________________
SIGNATURE: ______________________
DATE: ______________________