



STATE FAIR VOLUNTEER SIGN UP FORM

Name _____ Clinic _____

Address _____

**Please Note: important volunteer information will be sent to the address you list*

Phone (Day) _____ Phone (Night) _____

Email _____ Fax _____

FAIR DATES: August 25 - September 5, 2011

MIRACLE OF BIRTH CENTER

SHIFTS AVAILABLE:

- 9:00 am – 1:00 pm
- 1:00 pm – 5:00 pm
- 5:00 pm – 9:00 pm
- Overnight

My preferred species is: Bovine Porcine Ovine I do not have a preference

** Consideration will be made to preference, however volunteer may be required to work with all species.*

I AM INTERESTED IN VOLUNTEERING ON:

(Day) _____ (Shift) _____

(Day) _____ (Shift) _____

(Day) _____ (Shift) _____

SURGERY SUITE

SHIFTS AVAILABLE:

- 8:00 am – 1:00 pm
- 12:00 noon – 5:00 pm

My volunteer type is: Surgeon Moderator Student

I AM INTERESTED IN VOLUNTEERING ON:

(Day) _____ (Shift) _____

(Day) _____ (Shift) _____

Print form and Fax to the MVMA at (651) 645-7539 or mail to:

Minnesota Veterinary Medical Association, 101 Bridgepoint Way, Suite 100, South St. Paul MN 55075

For Questions, or to sign up over the phone, please call the MVMA at (651) 645-7533.

