

# STUDENT APPLICATION



Educational shadowing opportunities at VRSVA

Full Name :

Birth Date :  /  /  School :

Year of Study :  Program :

Please tell us about yourself and describe the type of shadowing experience you are interested in :

Which location are you hoping to shadow :  Gordonsville  Fredericksburg  Richmond

Which species are you interested in working with:  Equine  Canine  Feline

Please list at least one reference (ideally someone who has worked with you in a school or clinical setting) :

Name :

Relation to applicant :

Phone :  Email :

## Questions :

1. Do you have health insurance?  Yes  No
2. Do you have your own transportation? (Note: We do not provide transportation)  Yes  No
3. Do you have your own housing accommodations? (Note: We do not provide housing)  Yes  No