GENESEE COMMUNITY COLLEGE
VETERINARY TECHNOLOGY PROGRAM
Volunteer/Work Experience Recommendation Form

Applicant: Please print name and sign waiver below to release information requested and give form to the person who supervised your volunteer/work experience in veterinary technology.

PRINT Name:__________________________________________________________

WAIVER: Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law on 12/31/74; I, the undersigned, DO ______ DO NOT ______ waive my right of access to inspect and review this letter of recommendation.

Signature: _____________________________________________________________

Supervisor: The above-named individual is seeking admission to GCC’s Veterinary Technology Program and has indicated that she/he has volunteered or worked at your facility. We request that applicants complete a minimum of 10 hours of experience in a veterinary clinic, humane society, zoo, or other animal-related environment. We would appreciate your verification of the applicant’s experience by completing this form and returning it directly to us at the address below at your earliest convenience.

Overall, I would rate the applicant as follows:

_____ Highly recommend for the Vet Tech Program
_____ Do NOT recommend for the Vet Tech Program

Applicant’s relationship to your facility: _____ Volunteer _____ Employee

Total number of hours applicant participated in a veterinary environment: __________

Date: ____________________________

Identify, as closely as possible, the number of hours (or percent of time) applicant spent in each of the following activities:

_____ Observation of Vet Tech duties (lab work, X-ray, surgical assisting)
_____ Observation of other animal care activities (e.g. reception, client education, record keeping)
_____ Participation in non-direct animal care activities (e.g. clean treatment areas, wrap surgical packs)
_____ Participation in direct animal care activities (e.g. restrain animal during treatment, assist clients with animal transport, kennel duty)

Comments: ____________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Name of facility: ______________________________________________________

Address: ______________________________________________________________

Telephone: (___) ________________________________

Name/Title of Person completing form: ________________________________

Signature: ________________________________ Date: _________________________

Please return to: Genesee Community College
Veterinary Technology Program
One College Road
Batavia, NY 14020