



Use this form for externships that will take place from May 1, 2010 - April 30, 2011.

Academy of Rural Veterinarians
National Office
1450 Western Avenue, Suite 101
Albany, New York 12203

(518) 694-0056

www.ruralvets.org • arv@caphill.com

ARV STUDENT EXTERNSHIP PROGRAM ~ Student Application

ATTENTION:
Application should be returned by mail to address above, faxed to (518) 463-8656, or scanned and e-mailed to arv@caphill.com.

APPLICANT INFORMATION:

Name: _____

Address: _____

City, State & Zip: _____

Phone (including Area Code): (_____) - _____ - _____

Email address: _____

Veterinary college: _____

Class: Freshman Sophomore Junior Senior

Prior Rural Practice Experience: _____

EXTERNSHIP INFORMATION:

Name of veterinarian or clinic: _____

Address: _____

City, State & Zip: _____

Phone (including Area Code): (_____) - _____ - _____

Fax: (including Area Code): (_____) - _____ - _____

Email address: _____

Name(s) of veterinarian(s) in practice who are ARV members: _____

Percentage of practice activity devoted to: Food animals _____% Small Animals _____% Equine _____% Other _____%

Proposed externship dates: _____

Accommodations:

Housing provided: Yes No Where: _____

Will the student be paid? Yes No Amount: _____

Other accommodations? _____

PROPOSED EXTERNSHIP EXPENSES:

Transportation: Automobile Airplane \$ _____

Room: \$ _____

Board and living expenses: \$ _____

Other expenses (please list): _____ \$ _____

_____ \$ _____

_____ \$ _____

Total expenses: \$ _____

Total aid requested: \$ _____

REQUIRED ITEMS FOR APPLICATION:

1. Application must be submitted by 5:00 p.m. on March 31, 2010.
2. Letter of intent describing your career interests, previous rural practice experience and your goals for the externship.
3. Letter from the practice describing what you will be doing, housing arrangements, and attesting that you will be covered under the practice’s professional liability and workmen’s compensation insurance.
4. Letter from a faculty member at your veterinary college, with an assessment of your demonstrated interest in rural practice.
5. Completed Release Agreement

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED OR RETURNED

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EXTERNSHIP RELEASE AGREEMENT

This Release Agreement by and between _____ (“Extern”) and The Academy of Rural Veterinarians (“Releasee”), made and entered into this ___day of _____, 2010.

For good and valuable consideration, Extern hereby forever discharges and agrees to hold harmless Releasee including all of its shareholders, directors, officers, employees, assignees, and successor corporations from any and all claims, obligations, causes of action, suits, or liability whatsoever arising out of

Extern’s internship at _____

whose address is, _____

during the dates of _____

to _____

Whether such claims be in tort or in contract, whether known or unknown, whether for personal or property damages, attorney’s fees, court costs, litigation expenses, or any other form of damages whatsoever under the laws of the State of _____ or any other law whatsoever.

This Release Agreement shall be binding on the personal representatives, estates, insurers, successors, and assigns of the parties hereto and shall include for those corporate entities the discharge of shareholders, directors, officers, employees, assignees, and successor corporations.

IN WITNESS WHEREOF, Extern hereby sets his/her hand and seal.

WITNESS _____

EXTERN _____

WITNESS DATE _____

This document must be downloaded, filled out, signed, and mailed, faxed or scanned and returned to the ARV National Office.