



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

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**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.*