

Phoenix Rising Border Collie Rescue

Volunteer Information Form

Contact Information

Name: _____

Address: _____

City: _____ State _____ Zip _____

Day Phone () _____ Evenings () _____

Preferred time to call: _____

Email address: _____

Areas Of Interest

Check all area of interest in which you would like to be involved

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Home evaluations |
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Staffing information booths | <input type="checkbox"/> Way station (1 wk max foster care) |
| <input type="checkbox"/> Fostering | <input type="checkbox"/> Rehabilitation (medical or behavior) |

Limitations

We will respect any limitations you list below. If you have no restrictions, skip this section

Length of foster care (fill in blanks if applicable):

- No more than _____ night(s) maximum
- No more than _____ week(s) maximum
- Indefinite ok (3 wks average)

Restrictions on foster dog:

- Housetrained
- Ok with _____ (supply cats, kids & ages, whatever else)
- No puppies younger than _____
- No dogs larger than _____ lbs (optimum weight)
- No medical rehab
- No behavioral rehab

Only _____ (supply limitations such as male/female, altered dogs, activity level, etc)

Limitations on transport:

No more than _____ hours and/or _____ miles round trip

Other:

Liability Release Statement

I, _____, release, discharge and hold harmless Phoenix Rising Border Collie Rescue, Inc. , all individual volunteers, and anyone else associated with Phoenix Rising Border Collie Rescue, Inc. from any charges or claims arising from, my participation in any action related to the activities of Phoenix Rising Border Collie Rescue, Inc.

Signature: _____ date: _____

Mail to:

Phoenix Rising Border Collie Rescue
C/O Phyllis Baxter
20 Eagles View Ct
Piedmont, SC 29673
Fax# 866-704-3615