



Phoenix Rising Border Collie Rescue

Volunteer Information Form

Contact Information

Name _____

Address _____ City _____ State _____ Zip _____

Day Phone # _____ Evening _____ Mobile _____

Preferred time to call _____ Email _____

Areas of Interest

Check all areas 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"/> Waystation (1 week max foster care) |
| <input type="checkbox"/> Fostering | <input type="checkbox"/> Rehabilitation (medical or behavioral) |

Limitations

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

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

- | | |
|--|---|
| <input type="checkbox"/> No more than _____ night(s) maximum | <input type="checkbox"/> No more than _____ week(s) maximum |
| <input type="checkbox"/> Indefinite OK (average 3 weeks) | |

Restrictions on foster dog:

- Housetrained
- OK with _____ (supply: cats, kids and ages, whatever else)
- No puppies younger than _____
- No dogs larger than _____ lbs (optimum weight)
- No medical rehab
- No behavioral rehab
- Only _____ (supply any limitation: male/female, altered, activity level, etc.)

Limitations on Transport:

No more than _____ hours or _____ miles

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 _____

Email to: prbcr@prbcr.org or marianna@prbcr.org