



## American Bouvier Rescue League (ABRL) Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### ***By submitting this application, I agree:***

1. That I have read and understand the [ABRL Guidelines](#); when I act as a representative of the ABRL, I shall abide by these Guidelines.
2. That I take responsibility for my individual actions and do not hold the ABRL liable for activities I undertake on their behalf.
3. To notify the ABRL when I can no longer volunteer my services.

### ***Please answer the following:***

- |   |     |    |
|---|-----|----|
| 1. I am a member of the ABdFC.                        | Yes | No |
| 2. Do you now own, or have you ever owned, a Bouvier? | Yes | No |
- If yes to #2, please tell us when and for how long you owned a Bouvier, and describe your experience with the breed: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 3. I can foster a dog.  | Yes | No |
| 4. I can help transport a rescue dog.                                   | Yes | No |
| 5. I can identify, evaluate and/or pick up a dog from a kennel/shelter. | Yes | No |

### **Provide one personal (other than family) reference whom we can contact:**

Name & relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Return via email to Leda Kim at [lkim@abrl.org](mailto:lkim@abrl.org) or mail to 16 LeBaron Way, Mattapoisett, MA 02739.

**THANK YOU.**