

**BLUE RIDGE BORDER COLLIE RESCUE, INC.**  
**Volunteer Information and Release Form**



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Info (please indicate preferred method of contact): home phone / cell phone / email

Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Text ok? Y / N

Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**AREAS OF INTEREST**

\_\_\_\_\_ Clerical \_\_\_\_\_ Staffing of information booths

\_\_\_\_\_ Fundraisers \_\_\_\_\_ Home Evaluations

\_\_\_\_\_ Rehabilitation (medical or behavioral) \_\_\_\_\_ Phone Calls

\_\_\_\_\_ Fostering (*please complete Page 2*)

\_\_\_\_\_ Transport (*please complete the following*):

No more than \_\_\_\_\_ hours and/or \_\_\_\_\_ miles round trip.

Route/cities/areas you are able to cover: \_\_\_\_\_

Do you have a transport crate? Y / N

**LIABILITY RELEASE STATEMENT**

***I certify that I have never been convicted of animal cruelty, neglect, or abandonment.***

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Email To:** MicheLucas@aol.com  
**or Mail To:** Blue Ridge Border Collie Rescue, Inc.  
c/o Michelle Lucas, Secretary  
6415 Green Valley Road  
New Market, MD 21774

**Please complete the following information if you are interested in becoming a Foster Home. The approval process will include a home visit and orientation from a volunteer in your area.**

**CURRENT AND PAST PETS:**

NAME	AGE	TYPE OF PET	GENDER	CURRENT STATUS

**REFERENCES** (Please list at least four personal references)

NAME	PHONE	RELATIONSHIP TO YOU

**VETERINARIAN INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**LIMITATIONS OF FOSTER CARE**

Maximum length of foster care:    Waystation overnight / up to 1 week / Indefinite (average of 4-6 weeks)

Age range: \_\_\_\_\_                      Size / Weight range: \_\_\_\_\_

Behavioral Rehab: Y / N                      Medical Rehab: Y / N

\_\_\_\_ Males only                      \_\_\_\_ Females only                      \_\_\_\_ Crate-trained only                      \_\_\_\_ House-trained only

\_\_\_\_ Kid-friendly                      \_\_\_\_ Dog-friendly                      \_\_\_\_ Cat-friendly                      \_\_\_\_ Livestock-friendly

Other limitations: \_\_\_\_\_

\_\_\_\_\_