

## American Boston Terrier Rescue Volunteer Application

**PLEASE INCLUDE ALL INFORMATION. IF MORE ROOM IS NEEDED PLEASE USE THE BACK OF THIS FORM.  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!**

Name(s) of person(s) wanting to volunteer:			
Street Address (not P.O. Box):			
City:		State:	
		Zip:	
Home Phone:		Best Time to Call:	
Work Phone:		Is it acceptable to call at work?:    Yes            No	
Cell Phone:		Other Phone:	
Home E-mail:		Work E-mail:	
I am over 18 years of age?    Yes    No		If under 18, my parents are agreeable to my volunteering?    Yes            No	
Have you previously volunteered for any other organization?    Yes    No			
Name of organization(s) you volunteered for?			
Name and telephone number of the volunteer coordinator(s) you worked for? (use the back of this form if needed)			
Why did you volunteer for each organization?			
What would you like to do for ABTR?    Foster    Public Relations    Fundraising    Web Design    Graphic Design    Reference Checks    Articles    Other:			
<b>IF YOU ARE INTERESTED IN FOSTERING, PLEASE COMPLETE THE FOLLOWING QUESTIONS:</b>			
<b>PERSONAL REFERENCES: PROVIDE REFERENCES (OTHER THAN A FAMILY MEMBER) FROM TWO PEOPLE THAT ARE FAMILIAR WITH YOUR EXPERIENCE AS A PET OWNER</b>			
Reference 1 Name:		Relationship:	
Home Phone: :		Work Phone:	
Cell Phone:		Other Phone:	
Home E-mail:		Work E-mail:	
Reference 2 Name:		Relationship:	
Home Phone:		Work Phone:	
Cell Phone:		Other Phone:	
Home E-mail:		Work E-mail:	

**VETRENARIAN REFEERENCE: (PLEASE NOTIFY YOUR VET THAT WE WILL BE CALLING FOR A REFERENCE)**

Please note that if you currently own a pet or have owned one in the last 10 years, your vet's name is required to process your application. If you cannot supply a vet reference, please give the reason why.

Do you have a regular veterinarian? Yes No | How long have you been with this vet?

Please sign the RELEASE FOR VETERINARY REFERENCE below. Incomplete applications will not be processed. This release is not limited to the veterinarian listed on the application.

Name of Veterinarian and the clinic's name:

Vet's complete address:

Vet's telephone: | Vet's fax number:

I, (name) \_\_\_\_\_, (complete address \_\_\_\_\_  
\_\_\_\_\_, (telephone number) \_\_\_\_\_, hereby give my permission for any  
veterinarian, animal clinic or hospital providing service to me/my animals to release all medical information on any/all of my animals to AMERICAN BOSTON TERRIER RESCUE.  
(signature) \_\_\_\_\_

If you currently own a pet, who is listed as its owner on your vet's paperwork?

Currently owned dog(s)name(s): | Age(s): | Gender(s):

Breed (s): | Are your dog(s) spayed and neutered? Yes No

Are your current pet(s) up to date on their annual vaccinations? Yes No | When are they due?

Are your current pet(s) on heartworm medication? Yes No | What brand?

Please list all dog's names, ages, gender, breed, if spayed/neutered, years you owned them and what happened to all dogs that you have owned in the past 10 years that you no longer have:

Do you own a cat(s)? Yes No | How many? | Are they spayed/neutered? Yes No | Other animals?

Do you have any children? Yes No | If so, how many and what ages?

Are all members of your family in agreement about fostering? Yes No

Do you rent? Yes No | Is your landlord ok with you fostering? Yes No

**If you are volunteering to foster, please be aware that foster dogs are not prescreened. Fostering means that you are willing to take on a health/behavioral/training challenged dog just for the sake of the dog. There is not a specific timeframe for fostering. Sometimes a dog is with a foster family for a few weeks or months, but it can be years, or your home may be the only home that dog will ever know.**