



**American Bouvier Rescue League (ABRL)**  
**Volunteer Application/Registration for ABRL Membership**

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 |
| 3. I can foster a dog.                                                  | Yes | No |
| 4. I can help transport a rescue dog.                                   | Yes | No |
| 5. I am willing to make phone calls.                                    | Yes | No |
| 6. I can identify, evaluate and/or pick up a dog from a kennel/shelter. | Yes | No |

***Please 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 Deborah Dickerson at [NCcoord@abrl.org](mailto:NCcoord@abrl.org) or via U.S. mail to Marcia Proud at 9016 NW 143rd St., Alachua, FL 32615.

**THANK YOU.**