

SOUTHEAST BLOODHOUND RESCUE, ICN.
INFORMATION AND INTEREST FORM

PLEASE LEGIBLY PRINT ALL INFORMATION, THANK YOU

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Home telephone _____ work _____

For Emergency use only

Cell _____ other _____

e-mail _____

e-mail _____

Best way and time to contact me _____

Please check your areas of interest and willingness to participate

- | | |
|---|--|
| <input type="checkbox"/> Foster care short term 2 to 4 week | <input type="checkbox"/> Transport mid distance 75 to 200 miles |
| <input type="checkbox"/> Foster Care long term 4 + plus | <input type="checkbox"/> Transport short distance 40 – 75 miles |
| <input type="checkbox"/> Foster care – special needs dog | <input type="checkbox"/> Removing dogs from shelters for transport |
| <input type="checkbox"/> Dog identification in your area | <input type="checkbox"/> Arranging and monitoring transports |
| <input type="checkbox"/> Shelter checks in your area | <input type="checkbox"/> Home visits pre and post adoption |
| <input type="checkbox"/> Telephone Reference Checks | |
| <input type="checkbox"/> Making telephone calls or write letters to raise funds for SEBR | |
| <input type="checkbox"/> Attend and set up a booth at dog events to make the public aware of bloodhound Rescue (SPCA dog fairs) | |
| <input type="checkbox"/> Help organize, print and distribute the quarterly newsletter | |
| <input type="checkbox"/> Other, I want to _____ | |
| <input type="checkbox"/> I cannot volunteer at this time, but want to be kept informed about the rescue and activities | |