

# VOLUNTEER APPLICATION

RESCUE VOLUNTEER NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_  
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I am able and willing to assist The American Bullmastiff Association, Inc. Rescue Service effort in the following manner (check any/all of the options below that you would like to do)

\_\_\_\_\_ **STATE COORDINATOR.** Reports to the National Rescue Coordinator. Responsible for ABA Rescue activity within State. This includes disseminating information to as many shelters, veterinarians, referral services, other breed rescue services etc. as possible so people know how to contact us. Recruits reputable, responsible rescue people on a local level. Trains them in the policies and procedures of the American Bullmastiff Association Rescue Service and offers any assistance necessary in actual rescue. Keeps National Rescue Coordinator informed on rescue activity in State. Performs all duties of Local Representative

\_\_\_\_\_ **LOCAL REPRESENTATIVE.** Is the front line rescue person in local geographical area. Calls on shelters and animal control agencies in immediate area and introduces the American Bullmastiff Association Rescue Service to them. Seeks their assistance in notifying Local Representative of Bullmastiffs in need. Receives Bullmastiffs surrendered at shelters, veterinarians, or private individuals, fosters dogs or arranges for fostering or kenneling if necessary. Attends to physical and mental evaluation of dog. If dog is adoptable provides veterinary care; helps to locate and approve adoptive home following guidelines of American Bullmastiff Association Rescue Service. Collects adoption fee; completes adoption contract, and forwards to National Rescue Coordinator. Any actions relative to receiving a dog, arranging for fostering and veterinary care must be done with the approval of the National Rescue Coordinator. When a Bullmastiff is not adoptable - either for reasons of poor health or temperament - is responsible for having dog euthanized. Apprises State and National Rescue Coordinator of problems he/she encounters and makes suggestions for improvement in program.

\_\_\_\_\_ I could physically accommodate rescue dogs in the following manner:

\_\_\_\_\_ I have \_\_\_\_\_ (number of) kennel runs available for use by rescue dogs and can isolate if necessary.

\_\_\_\_\_ I do not have kennel runs but can accommodate \_\_\_\_\_ (number of) rescue dog(s) at one time in my home

\_\_\_\_\_ I cannot foster dogs at my home but can make arrangements with the following boarding kennel to board rescued dogs (NB: no contract can be entered into for a rescue dog to be boarded at a boarding kennel without the approval of the National Rescue Coordinator)

Name of kennel \_\_\_\_\_

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

Rate/day\$ \_\_\_\_\_

\_\_\_\_\_ I can make arrangements with the following veterinarian to treat bona fide rescue dogs for the American Bullmastiff Association Rescue Service at a reduced rate:

Name of Vet \_\_\_\_\_ Name of Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

\_\_\_\_\_ I am unsure about my ability to evaluate Bullmastiff temperament, but I have a qualified, experienced, and reputable trainer/behaviorist I may call upon for assistance at no charge to the American Bullmastiff Association Rescue Service In the event we are asked to take a large number of Bullmastiffs at one time (e.g. puppy mill bust) it will be helpful in selecting foster homes if we know the makeup of your household.

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Please list family members, children and ages, other types of pets: \_\_\_\_\_

I am unable at this time to assume physical responsibility for a rescued dog but am willing to help ABA Rescue in the following ways:

\_\_\_\_\_ Drive to shelters or homes to identify possible rescue dogs as purebred Bullmastiffs

\_\_\_\_\_ Provide transportation for rescued dog in transit from one situation to another. Number of miles and hours I can contribute are: \_\_\_\_\_

\_\_\_\_\_ I am willing to donate time and postage to mail out ABA Rescue information

\_\_\_\_\_ I am willing to do home visitations of prospective adoptors with a \_\_\_\_\_ mile radius of my home to help determine their qualifications to adopt a rescued Bullmastiff.

\_\_\_\_\_ In lieu of being able to offer physical assistance to rescue at this time I would like to make a monetary donation of \$ \_\_\_\_\_. Enclosed is my check made payable to the American Bullmastiff Association, Inc. - with Rescue Service noted in bottom left hand corner.

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"I AM OF LEGAL AGE. BY MY SIGNATURE BELOW I CONFIRM THAT I UNDERSTAND THAT ANY WORK I DO FOR THE AMERICAN BULLMASTIFF ASSOCIATION, INC. RESCUE SERVICE IS STRICTLY VOLUNTARY. ANY BULLMASTIFFS THAT I MAY RESCUE AND FOSTER IN MY HOME, I ACCEPT WITH FULL KNOWLEDGE OF THE NATURE OF THE BREED ALONG WITH ANY ATTENDANT RISKS THAT MAY POSE. I ACCEPT THESE DOGS VOLUNTARILY OF MY OWN VOLITION." "I AGREE TO PROVIDE AN OPTIMUM ENVIRONMENT FOR THE SAFETY, CARE, AND REHABILITATION IF NECESSARY AND SUBSEQUENT PLACEMENT INTO A PERMANENT HOME OF ANY RESCUED BULLMASTIFF TAKEN IN. I AGREE TO ABIDE BY THE POLICIES AND PROCEDURES ESTABLISHED BY THE AMERICAN BULLMASTIFF ASSOCIATION FOR CONDUCTING ITS RESCUE EFFORT." "I HEREBY AGREE TO HOLD THE AMERICAN BULLMASTIFF ASSOCIATION HARMLESS FROM ANY ACT OR FUTURE ACT OF ANY BULLMASTIFF TAKEN INTO MY CARE AND FROM ANY RESULTING FINANCIAL OBLIGATION RESULTING FROM SAID ACT OR ACTS."

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Return this completed form to:**

Virginia Rowland

National Rescue Coordinator

P.O. Box 300 Templeton, MA 01468-0300

Phone: 978 424 1044 Fax: 978-939-5300

Email: [ABARS NATIONAL RESCUE COORDINATOR blackslate@aol.com](mailto:ABARS NATIONAL RESCUE COORDINATOR blackslate@aol.com)

