BOXER-SCHNAUZER RESCUE OF THE OZARKS

(BSRO)

PO Box 8824, Springfield, MO 65801, 417-988-4441

BSRO encourages the participation of people who wish to support our stated goals.

The information you provide here will help us find the most satisfying and appropriate volunteer assignment(s) for you. Thank you for your interest in helping BSRO.

PLEASE PRINT

NAME:				
NAME:	FIRST	MIDDLE INITIAL	MIDDLE INITIAL	
DATE:				
ADDRESS:				
ADDRESS:	CITY/STATE	ZIP		
HOME PHONE: (_)	WORK PHONE: ()		
EMAIL ADDRESS:				
Preferred Method of	Contact \square Phone \square I	Email		
BIRTHDATE: □46 - 60 □60+		AGE: (Check one) □18 - 30	□31 - 45	
EMERGENCY CONTAC	T:			
RELATIONSHIP:				
ADDRESS:				
CITY/S	TATE	ZIP		
HOME PHONE: ()	W	VORK PHONE: ()		

AREAS OF INTEREST

We would like to know which of the following volunteer positions are of the greatest interest to you.

Please mark volunteering preferences below and prioritize by numbering 1

TIME AVAILABILITY:

I would like to vol	unteer hours	per week or	_ hours per month.		
Please indicate wh	ich days / times you	would prefer to volu	ınteer:		
Mon	_ Tues	_ Thurs			
Fri	Sat	Sun			
Other:					
Are you proficient in any language(s) other than English? \square No \square Yes					
If YES, what other					
□Speak □Read					
Any further inform offer:	nation you might wan	t to			