

www.SHARPofNY.com

Thank you for your interest in SHARPofNY, a volunteer organization which operates a surrender, network/foster care, and educational & placement program for homeless Huskies – no matter their age, health or condition. **Please print clearly.**

**Date:**

**Name(s):**

*(Please list all names to be included in the membership)*

**Address:**

**City: State: Zip:**

**E-Mail:**

**Phone (H):** ( ) **Phone (W):** ( )

**Do you presently own a Siberian Husky?** Yes No

**Do you breed Siberian Huskies?** Yes No

**If yes, for what purpose?**

**List any other animal organizations you are involved with:**

**How did you hear about SHARPofNY? Tell us a little bit about yourself and How you can help us help Homeless Huskies/Hours of Availblility, etc**

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**Volunteers are needed in a variety of areas. Tell us what types of volunteer work you would like to do:**

Transport Siberian Huskies (at least part way) to new homes or foster homes.

Act as a temporary foster home site for a Homeless Husky for days/week:

*(please circle one)*

Make follow-up phone calls to adoptive homes.

Screen potential adoptive homes.

Provide treats, food, collars, leads, etc. for Siberian Huskies in transition at foster homes.

Contribute stories/photos to our Facebook Page.

Help run and volunteer at any public events in which SHARPofNY is participating.

*In consideration of this opportunity to volunteer, I agree to abide by the mission, rules, regulations, policies, and programs of SHARPofNY. while I am a volunteer.*

**Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicants Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicants City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return completed application to:**

Siberian Husky Assistance & Rescue Program of New York

POB 1521

Rocky Point, NY 11778-1521

Or Email to” [HuskyRescue@optonline.net](mailto:HuskyRescue@optonline.net)

Contact 631-921-8738