



## Foster Care Application

### (A) Foster Volunteer Requirements:

Volunteers for this program:

1. Must be at least 18 years old.
2. Must complete and sign the foster care application, including medical information for all personal pets that could be in contact with the foster pets.
3. Must agree to a home visit and training session by a foster program representative.
4. Must agree to comply at all times with all foster program policies, protocols, instructions, guidelines and other information documented in the Foster Care Manual.
5. Must sign the Foster Care Agreement for the pets you will foster.
6. Must sign the Foster Care Agreement Addendum each time you foster pet(s).
7. Must provide in-home care for pets assigned under the foster program and return the pets to the Center on the date specified.
8. Must keep current, accurate Foster Animal Care Logs for all fostered pets, including weight, medication, and/or behavioral records for the foster pets while in your care, and present the log(s) whenever bringing your foster pets to the Center.

### (B) Volunteer Personal Profile:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Housing Status: (please circle) Own Rent Other: \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Does your lease allow pets? (please circle) Yes No  
 Please describe any restrictions on the number or type of animals that you are allowed to house: \_\_\_\_\_

Name and relationship of other adults **living** in your household: \_\_\_\_\_  
 Please list the name of any adults who will be involved in the care of the Center's animals (Family members, friends, neighbors, baby sitters, household workers, etc.): \_\_\_\_\_  
 Name and ages of children in your household: \_\_\_\_\_  
 Does anyone in your household have allergies to animals? (please circle) Yes No  
 If yes, please explain: \_\_\_\_\_

Please tell us about your educational background.  
 High School \_\_\_\_\_ Location \_\_\_\_\_ Training \_\_\_\_\_  
 College \_\_\_\_\_ Location \_\_\_\_\_ Training \_\_\_\_\_

Graduate \_\_\_\_\_ Location \_\_\_\_\_ Training \_\_\_\_\_  
 Other \_\_\_\_\_ Location \_\_\_\_\_ Training \_\_\_\_\_

Please tell us about your employment history.

Current or most recent employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Description of duties \_\_\_\_\_ Phone: \_\_\_\_\_  
 Previous employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Description of duties \_\_\_\_\_ Phone: \_\_\_\_\_

Please tell us about your experience.

Marketing/Fundraising/PR	Technology	Functional	Other
Customer Svrs ___	Mac/Apple ___	Management ___	Non-profits ___
Public Speaking ___	Windows/Office ___	Accounting ___	Teaching ___
Writing ___	Desktop pub. ___	HR ___	Reception ___
Trad. media ___	Web Dev ___	Project Mgmt ___	Clerical ___
Social Media ___	Graphics ___	Retail ___	
Other skills _____			

Please provide two personal references. Please do not include household members:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_ No \_\_\_ If yes, please explain:.

You may omit any convictions for the possession of marijuana that are more than two(2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program. (Note: no applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, date, circumstances and relevance to the position applied for may, however, be considered.)

**(C) Volunteer Personal Pet Profile:**

Please list ALL pets currently in your household:

	Name	Dog/ Cat	Breed	Age/Sex	Altered Y or N	Vaccines (Type/Date last given)	Where does pet sleep?
1.							
2.							
3.							
4.							
5.							

List history of medical issues of the above pets, by line number: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many hours per day are your pets left unsupervised? \_\_\_\_\_  
 How are they contained when left unsupervised? \_\_\_\_\_

Your veterinarian's name and phone number: \_\_\_\_\_

**(D) Relevant Experience/Information**

Please list any/all other foster or rescue groups that you are affiliated with: \_\_\_\_\_

Does your property have a swimming pool? (please circle) Yes No  
Does your property have a fenced in yard? (please circle) Yes No  
If yes, what type? (block, wood, chain, concrete, etc.) \_\_\_\_\_  
How high is the fence at its lowest point? \_\_\_\_\_

Please describe the area where the foster animal(s) will be kept and cared for: \_\_\_\_\_

How many hours per day will the animal be alone on a regular basis **or** without an adult caregiver?  
\_\_\_\_\_

Give a brief description of your experience with very young, ill, injured, and/or unsocialized animals:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever raised a kitten or puppy? (please circle) Yes No

Sometimes animals become ill while in foster care. If this situation arises, are you willing and able to administer medication? (please circle) Yes No Not sure

Do you have experience administering medication to animals? (please circle) Yes No  
If yes, please explain: \_\_\_\_\_

**(E) Choices/Preferences:**

What is the maximum time you are able to foster? \_\_\_\_\_

How many animals are you willing to foster at a time? \_\_\_\_\_

Which animals are you interested in fostering? Circle all that apply:

- |                          |                          |
|--------------------------|--------------------------|
| weaned healthy kittens   | weaned healthy puppies   |
| bottle feeding kittens   | bottle feeding puppies   |
| cats/kittens with a cold | dogs/puppies with a cold |
| mom with kittens         | mom with puppies         |
| pregnant cat             | pregnant dog             |
| ill/ injured cat         | ill/injured dog          |
| cat behavior cases       | dog behavior cases       |

How did you hear about our program?

- |          |     |                         |     |                 |     |              |     |
|----------|-----|-------------------------|-----|-----------------|-----|--------------|-----|
| Flyer    | ___ | The Center's Website    | ___ | Internet Search | ___ | Critter Camp | ___ |
| Referral | ___ | Adopted from the Center | ___ | Media/news      | ___ | Other        | ___ |
| Events   | ___ | Companion Animal Hosp.  | ___ | Social Media    | ___ | Club Pet     | ___ |

Why do you want to be a foster parent? \_\_\_\_\_

\_\_\_\_\_

I hereby release, and agree to indemnify, defend and hold harmless the Center, its directors, employees, and volunteers, and its and their heirs, successors, assigns, and personal representatives, from and against liability for any injuries, damages, liabilities, losses, judgments, cost or expenses whatsoever (the "Losses"), which I might suffer or sustain.

Tetanus Information: I understand that because I may handle animals, it is important to discuss the tetanus vaccine with my physician. I release Helen Woodward Animal Center from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.

I acknowledge that there are risks that I could be bitten, scratched, injured or frightened by the animals and we/I assume such risks.

In the event of an emergency, I hereby give Helen Woodward Animal Center permission to seek medical attention for myself.

I give permission for Helen Woodward Animal Center to use my photograph for use in any Center publication, educational, or advertising purposes the Center may designate.

I acknowledge that I, as a volunteer of Helen Woodward Animal Center, do not have permission to take photographs or video of any privately owned animals at the Center.

I acknowledge and understand that as a volunteer of Helen Woodward Animal Center, I am not covered by Helen Woodward Animal Center's workers compensation or any other insurance policy for any damages or injuries I may sustain during my volunteer activities.

**I understand that participating in Helen Woodward Animal Center's activities involves the risk of injury to me [or to my child under 18 years of age], whether I [or my child under 18 years of age] or someone else causes it. Specific risks vary from one activity to another, and the risks range from minor injuries to major injuries, including catastrophic injuries. In consideration of my [or my child under 18 years of age] participation in the activities offered by Helen Woodward Animal Center, I, for myself [or on behalf of my child under 18 years of age] understand and voluntarily accept the risks and agree that Helen Woodward Animal Center, its officers, directors, employees, volunteers, agents and independent contractors, will not be liable for any injury, including without limitation, any personal, bodily or mental injury, any economic loss or any damage to me [or my child under 18 years of age] resulting from any negligence of Helen Woodward Animal Center or anyone acting on Helen Woodward Animal Center's behalf. By signing below, I acknowledge and agree that I have read the statement above, understand the nature of the activities and risks, and agree to the terms.**

I have read, understand and agree to the above information. I certify that the information provided here is accurate and complete. I authorize reference and employment verification and background checks as necessary. I accept and satisfy the above volunteer requirements. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of Helen Woodward Animal Center. I authorize the Center to conduct an on-site inspection of the premises where the animal(s) will be kept. I understand that services performed by an individual for the Foster Program are of a voluntary nature and are without any express or implied promise of salary, compensation, employment, or payment of any kind.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like to receive additional information, please call the Foster Program at **(858) 756-4117 ext. 375** or send an email to [fosters@animalcenter.org](mailto:fosters@animalcenter.org). Please mail completed application to HWAC, PO Box 64, Rancho Santa Fe, CA 92067, Attn: Foster Program or fax to (858) 756-0605, Attn: Foster Program or email to [fosters@animalcenter.org](mailto:fosters@animalcenter.org).

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**FOR OFFICE USE ONLY**

**Received:** \_\_\_\_\_ **Contact Attempt:** \_\_\_\_\_ **Contact Made:** \_\_\_\_\_  
**Home Visit:** \_\_\_\_\_ **Approved:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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