

“Our goal is to relieve overcrowded animal shelters through rescue thereby reducing euthanasia.”



...TO THE RESCUE!

P.O. Box 2682
Santa Cruz, CA 95063-2682
www.animalshelterrelief.org

VOLUNTEER and FOSTER CARE APPLICATION

Date _____

Name _____

Address (no PO Box) _____

City, zip code _____ Email _____

Home phone _____ cell phone _____

Employer _____ work phone _____

Driver's license or state ID# **(must attach photocopy of ID)** _____

What is the best way to contact you? Email _____ phone _____

Please be aware that EMAIL is our primary source of communication. It is faster, easier, and all the savings on cost go directly back to the care of our animals.

References

List the name and telephone number of two business, volunteer work, or personal references.

1. Name _____ phone number _____

Title _____ relationship _____

2. Name _____ phone number _____

Title _____ relationship _____

What volunteer position are you interested in? Foster Care Adoption fairs

Web maintenance Special events Other _____

ALL prospective volunteers please sign below. If you are interested in becoming a foster parent please fill out the SUPPLEMENTAL FOSTER CARE APPLICATION.

Signature _____ date _____

The above information is true and correct to the best of my knowledge.

SUPPLEMENTAL FOSTER CARE APPLICATION

Names of other adults in the household _____

Have all the adults in the household given consent to foster animals? _____

Number and ages of children in household _____

Length of time at address _____ (please circle) own Rent Live w/parents
(please circle) house condo apartment mobile home boat

Size restrictions? If so, explain _____

Landlord name and telephone _____

Do you already have landlord approval to foster? Yes No

How did you find out about our foster care program? _____

Please tell us why you would like to become an ASR foster parent? _____

Do you have prior volunteer or foster parent experience? Explain _____

Have you ever surrendered an animal to an animal shelter? Yes No

Explain _____

What companion animals do you have now? _____

Are they spayed/neutered? Yes No If not, please explain _____

Have you ever cared for puppies or kittens before? _____

Have you ever given medication to sick animals before? _____

ASR provides medical care for all of its foster animals and when we receive donations of food, litter, bedding, we pass that along to our foster parents, but are you able to provide financially, for some of the basic care of your foster animal(s) (food, litter, etc)?

Do you feel emotionally capable of 'letting go' of your foster animals? _____

We try to foster the healthiest animals but due to unforeseen circumstances, a foster animal may die in your care, how would you feel about this? _____

ANIMAL CARE INFORMATION

Do you have other pets now? Yes No How many? _____ Breed/type; _____
_____ Age _____ Sex _____

Are they spayed and neutered? Yes No

Any behavioral concerns or chronic illnesses? Yes No If yes, explain _____

Can you keep your fosters separate from your own animals? _____

Describe primary area will animal(s) will be cared for: _____

Do you have a fenced yard? Yes No Fence height _____

How many weeks can you foster an animal? _____

How many can you foster? _____

Circle time away from home: home all day out part time away 7-10 hours per day

Who will care for the animal when you are not at home? _____

Do any members of your household have allergies? Yes No

WHAT FOSTER CARE SITUATION CAN YOU ACCOMMODATE?

injured or ill adult cat injured or ill adult dog mother with kittens

mother with puppies pre-wean kittens pre-wean puppies

kittens eating on their own puppies eating on their own

cat/kitten(s) for socialization dog/puppy for socialization (Sm.,Med.,Lg.)

other _____

STAFF COMMENTS:

Approved date _____ approved by _____

AGREEMENT

This agreement is entered into with Animal Shelter Relief rescue (hereinafter ASR) jointly by the undersigned _____ (print your name), in order to permit the Volunteer to participate in the ASR Volunteer Program. This Agreement is for the benefit of ASR and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "Indemnitee" and collectively as "Indemnitees").

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

ASR feels it is important to have a tetanus vaccination before joining the volunteer team. I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release Animal Shelter Relief rescue 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.

Volunteers represent and warrant that each of them has the authority to enter into this agreement.

Volunteers have been advised that the activity of working with rescue animals is hazardous and involves contact with animals that are unpredictable. As such, ASR cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that the following are some, but not all, of the risks associated with working with ASR:

Bites or scratches from dogs, cats, rabbits, rodents, reptiles, and birds
Being knocked down or pulled excessively by a dog
Injuries relating to wrist/hand/fingers from a dog leash
Slips/trips/falls. Flea/tick bites or ring worm infestation
Internal or external parasites
Zoonotic illnesses (human illness contracted from animals)
Animal illness exposure to animals at home
Injuries related to lifting animals, food, litter, or equipment
Injuries caused from grooming equipment-such as clippers, shears, driers, etc.
Exposure to cleaners, latex gloves, bleach, and parasite control products.
Exposure to or incidents relating to the public (outbursts, inappropriate contact)
Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact)
Loss of personal property damage to clothing from animals, cages, chemicals, etc.

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation. Volunteers agree that ASR and Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of ASR, any Indemnitee, or a third party. I understand that if I am injured while acting as an unpaid member of the volunteer staff, that I am not covered by California State Worker's Compensation Law. My services to ASR are provided strictly in a voluntary capacity as a Volunteer, and without any express or implied promise of salary, compensation, or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, worker's compensation accrual in any form, vacations, or sick time.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates for ASR. On behalf of myself, and my heirs, personal representatives, and assigns, I hereby release, discharge, and indemnify and hold harmless ASR and its directors, officers, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my Volunteer activities on behalf of ASR.

Volunteers fully, completely, and unconditionally waive and release each Indemnatee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteers may have now or in the future against ASR or any Indemnatee relating to participation with ASR.

ANIMAL SHELTER RELIEF RESCUE WAIVER, RELEASE, AND INDEMNIFICATION

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public for ASR. Should an accident or other medical emergency, injury or illness occur while participating with ASR or while Volunteer is en route to or from ASR-sponsored events and ASR staff or Board members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for ASR staff or Board members to authorize necessary hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery, and medication.

ASR feels it is important to have a tetanus vaccination before joining the volunteer team. I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release ASR 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.

If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

Volunteer: _____ Date: _____
(Signature)

Parent (if volunteer is under 18): _____
(Signature)

Home phone #(s): _____ Cell phone #(s): _____

Emergency contact/number: _____

MEDICAL INFORMATION

(Name of insurer)

(Policy Number)

(Insurer's telephone number)

(Physician's name)

(Physician's telephone number)