

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



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.