



VOLUNTEER/FOSTER CARE APPLICATION & AGREEMENT

Welcome to Living the Dream Rescue! We are dedicated to saving companion animals whose lives are in jeopardy by providing rescue, foster and adoption services. We have many volunteer and foster opportunities for dedicated animal lovers that are 18 years of age and older. Teen volunteers (16 and 17 years old) may apply to be a volunteer or foster and will be interviewed before acceptance. You are joining a dedicated group of people working directly to help homeless animals. We value your contribution to our group.

Date: _____ **Name:** _____

Do you have any physical or medical limitations which would limit the type of volunteer activities you can do (i.e.: pregnancy, back problems, etc.)? ☐ No ☐ Yes
If yes, please explain:

Home Information:

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Information:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Please describe any previous experience with animals: _____

What animals do you have presently? _____

Volunteer Opportunities

- ☐ Dog Foster Care Provider – please fill out foster information
 - ☐ Cat Foster Care Provider – please fill out foster information
 - ☐ Adoption Counselor
 - ☐ Administrative work-return phone calls, make flyers, etc.
 - ☐ Transporter animals to appointments and adoption events
 - ☐ Fundraising/Grant Writing
 - ☐ Event Planning
 - ☐ Technical/IT tasks
 - ☐ Other Talents or Skills not listed:
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Volunteer Release-Please read and sign:

I understand that my participation with Living the Dream Rescue is on a volunteer basis. Although Living the Dream Rescue maintains a safe environment for volunteers, the undersigned acknowledges that there are risks associated with working with animals including, but not limited to, bites, scratches, and allergic reactions. In addition, the undersigned expressly acknowledges such risks and further agrees to hold Living the Dream Rescue harmless and release Living the Dream Rescue from any and all claims for potential injury and/or liability that might arise out of being exposed to such risks.

Signature: _____ Date: _____

Permission and Release of Liability for Youth 16-17 Years of Age

In consideration of Living the Dream Rescue offering this volunteer activity, I/we agree to the following, intending to be legally bound:

1. My/our child, or the child under my/our guardianship, has enough experience with dogs and/or cats and is mature enough to volunteer with Living the Dream Rescue and to participate in activities with dogs/puppies or cats/kittens.
2. Whenever my/our child, or a child under my/our legal guardianship, participates in Living the Dream Rescue's activities, I/we release and agree to indemnify, defend, and hold harmless, Living the Dream Rescue, its directors, officers, and volunteers, from and against liability for any injuries, damages, liabilities, losses, judgments, costs, or expenses whatsoever which such child or any pet or other person might suffer or sustain, except any losses which are the direct result of Living the Dream Rescue's gross negligence or intentional misconduct. I acknowledge that there are risks and that the child could be bitten, scratched, injured, or frightened by the dogs and/or cats and I/we assume such risks.
3. I have accurately and truthfully completed this Permission and Release of Liability Form.
4. This Permission and Release of Liability Form is binding upon me, my spouse/partner, and my and his or her respective heirs, successors, assigns, executors, and personal representatives.

Parent/Guardian
Sign and Print Name

Spouse/Partner/Co-Guardian
Sign and Print Name

Foster Care Information

Address for fosters to be housed (If different from above): _____

Do you: ☐ Own ☐ Rent: If rent please provide copy of lease that states you may have animals

Do you have an HOA? ☐ Yes ☐ No If so, what is the limit of how many animals you may have: _____

Are there children in your home? ☐ Yes ☐ No If so, how many: _____ What ages: _____

Do you currently have pets: ☐ Yes ☐ No Number of: Cats____ Dogs____ Other____

Are your dogs licensed: ☐ Yes ☐ No

Are they current on rabies vaccinations: ☐ Yes ☐ No Boosters: ☐ Yes ☐ No

Please circle any diseases your household pets may have had: Parvo, Distemper, Feline Leukemia, FIV

Other: _____ When: _____

Do you have an outdoor enclosed area: ☐ Yes ☐ No How high is the barrier: _____

Do you have a doggie door: ☐ Yes ☐ No

Do you have a swimming pool/spa: ☐ Yes ☐ No Is it fenced: ☐ Yes ☐ No

What do you prefer to care for (please check all that apply):

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Adult Cats | <input type="checkbox"/> Kittens | <input type="checkbox"/> Nursing Mom with Kittens |
| <input type="checkbox"/> Small Adult Dogs | <input type="checkbox"/> Puppies | <input type="checkbox"/> Nursing Mom with Puppies |
| <input type="checkbox"/> Medium Adult Dogs | | |
| <input type="checkbox"/> Large Adult Dogs | | |

What ages (please check all that apply):

- | | | |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Under 1 Year | <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-6 Years |
| <input type="checkbox"/> Over 6 Years | <input type="checkbox"/> No Preference | |

Are you willing to foster an animal that needs training: ☐ Yes ☐ No

Are you willing to foster an animal with medical issues: ☐ Yes ☐ No

Are you willing to foster an animal that requires medication: ☐ Yes ☐ No If yes, please detail your prior experience with administering medications:

Would you foster multiple pets? ☐ Yes ☐ No If so, how many: _____

Where will your foster animals be housed: _____

Will your foster animals be housed separately from owned animals: _____

How many hours a day will your foster animal be left alone: _____

What enrichment activities will the foster animal receive:

Are you willing to foster an animal or litter until it/they are adopted: ☐ Yes ☐ No

I agree that my services as a Foster Care Provider are provided on a strictly volunteer basis. I shall receive no pay, benefits, or compensation of any kind from Living the Dream Rescue for my foster care of animals.

I agree to provide foster care in strict compliance with the policies and procedures of Living the Dream Rescue. This includes, but is not limited to:

- ✔ Providing adequate food, water, shelter, safe containment, and humane treatment for the animal (s) at all times.
- ✔ Providing medication and veterinary care when needed at the expense of Living the Dream Rescue and with their approval beforehand.
- ✔ Monitoring the animal (s) and providing proper care and socialization.
- ✔ Notifying Living the Dream Rescue within 24 hours of any major change in the foster animal's health.
- ✔ Immediately notifying Living the Dream Rescue if an animal becomes lost.
- ✔ Attendance of animals at adoptions events.
- ✔ Allow a transporter to take animals to adoption events if you are unable.
- ✔ Representing your self in a professional manner.

Please write your initials on the line to the left of each paragraph after you have read it.

_____ Living the Dream Rescue reserves the exclusive right to determine the proper course of action to take upon notification by the foster parent of any inability to comply with this agreement.

_____I understand and agree that the fostered animal(s) are the exclusive property of Living the Dream Rescue. This agreement transfers no ownership rights.

_____I understand that all foster animal(s) must be scheduled for needed medical treatment (altering, vaccinations, microchip, testing, etc) at one of the Living the Dream Rescue approved veterinarians.

_____I will respect Living the Dream Rescue's decision to determine whether a foster parent can adopt a foster animal.

_____I understand that I must comply with the following adoption protocol:

- ✔ **I will contact Living The Dream Rescue the day my animal is adopted** and provide the name, address, phone number and email for the adoptive parent.
- ✔ **I will immediately forward the adoption agreement, adoption contract, and money to Living The Dream within 48 hours of the animal leaving my home.**

- 🐾 **In no case will an animal be given a "test run".** Animals are adopted and paid for immediately. Adoptive parents will be informed Living the Dream Rescue will always accept the animal back but that no refunds are given.

_____ I will agree to vaccinate my own animals against the following diseases before fostering:

🐾 Canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4 in 1 booster); Bordetella (kennel cough); Rabies; and are free of parasites.

🐾 Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3 in 1 booster); and are free of parasites.

_____ *If I choose to not vaccinate my animals, I understand that Living the Dream Rescue will not be responsible for any illness that occurs related to non-vaccinated animals.*

_____ I understand that foster animals may carry contagious disease that could affect owned animals or humans. I understand that Living the Dream Rescue will not be responsible for any expenditures resulting from this.

_____ I understand no reimbursement by Living the Dream Rescue will be given to me regarding any expenditure, which I incur for the care and treatment of the foster animal(s) that was not approved in advance.

_____ I understand if a foster animal under my care or my own animal dies from a contagious disease, I will not be considered for fostering other animals of the same species for a specific length of time as deemed suitable by Living the Dream Rescue. Discussion with a Living the Dream Rescue approved veterinarian will determine the length of time necessary before fostering any animal again in the foster provider's home.

_____ I understand that I may not rescue or New Hope an animal without prior approval from Living the Dream Rescue.

_____ **I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case, Living the Dream Rescue shall take immediate possession of the fostered animal(s).**

_____ **I understand that if I have taken in animals without approval of Living the Dream Rescue they are my responsibility medically and financially. I also understand that if for any reason I do not continue fostering for Living the Dream all animals taken in by me without prior approval will be adopted out to me even if they are under medical treatment by a Living the Dream veterinarian.**

Indemnity

_____ I agree to release, discharge, indemnify and hold harmless Living The Dream Rescue, including its agents and employees, for any personal injuries or damages to property or pets caused by the foster animal(s).

_____ I recognize that in handling foster animal(s) there exists a risk of injury including physical harm caused by a foster animal. On behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify and hold harmless Living The Dream Rescue, its agents, volunteers, and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

I have received, read and understand the Foster Care Guidelines provided by Living The Dream Rescue.

Foster Care Provider Signature

Date

Signature of Living The Dream Rescue Staff or Board

Date



Volunteer Waiver

I, _____, hereby agree that I am providing volunteer services to Living The Dream Rescue assisting in pet adoptions. This may also include assisting in adoptions of pets through Living The Dream Rescue at local PetSmart stores. I understand that neither Living The Dream Rescue, PetSmart, Inc., or PetSmart Charities, Inc is responsible for any illness or injury caused by any animals that I come into contact with during my volunteer work. I agree to hold harmless and release from liability Living The Dream Rescue, PetSmart, Inc., or PetSmart Charities, Inc should I become sick or injured from any animals as a result of my volunteer work.

Signature of Volunteer

Date

Signature of Parent or Guardian

Date