

Foster Volunteer Application

| Address: | |
|---|--|
| Home Phone: Cell Phone: E-mail: | |
| Why would you like to participate in this program? | |
| Please list the current animals in your household: | |
| Are your pets good with other animals? | |
| If you have cats, do you keep them indoors or do you let them outside? | |
| If you have dogs, do you keep them primarily indoors or outside? | |
| Do you have a fenced yard? Yes No | |
| Please indicate your housing status: | |
| Rent an apartment | |
| Rent a house | |
| Own a house or condo | |
| Live with parents | |
| If you are renting, please provide your landlord's name and phone number: | |
| Do you work outside of the home? Yes No | |
| How many hours a day are your pets home alone? | |
| Where are they kept when you are away from home? | |
| Do you have children in your household? Yes No If yes, how many? | |
| Please list their ages: | |
| Your veterinarian's name: | |
| Telephone number: | |

Please list two unrelated personal references whom we may contact:

| Personal reference #1: |
|------------------------|
| Phone number: |
| /our relationship: |
| |
| Personal reference #2: |
| Phone number: |
| Your relationship: |

Please make any additional comments below:

FOSTER VOLUNTEER AGREEMENT AND RELEASE:

I, _________ am requesting a foster/volunteer position with the Dobie Rescue Ranch (DRR), a division of A Humane Society of Central Florida Pet Rescue, Inc. (AHSCFPRI). I agree to read and follow the rules and guidelines of the organization. I agree not to hold the organization, any director, employee, board member, or any individual personally or otherwise responsible in the event that I sustain personal, financial, emotional, or property loss/damage while serving the organization. I agree to follow the supervision of all persons involved in foster/volunteer management. I understand that, as a foster/volunteer, I am an important representative of the DRR/AHSCFPRI and must do my best to represent this organization in a manner that is consistent with its articles, bylaws, guidelines, and philosophies. I am fully aware of the nature and purpose of the activities of DRR/AHSCFPRI. I acknowledge that these activities are potentially risky because animals may carry transmittable diseases, bite or scratch and I voluntarily accept any risks involved. I further agree to hold DRR/AHSCFPRI harmless from any liability due to any injury or illness incurred by me, my family, or my pets, during any foster/volunteer assignment. I understand that all foster pets are the property of DRR/AHSCFPRI and I will return my un-adopted fosters to the representatives if and when requested by DRR Director, Diane DeSantis, or her assignee.

I have read and understand this document; I freely consent to its provisions.

| Printed Name | Witness | |
|--------------|-----------------|--|
| Signature | Date | |
| | OBIE RANCH RISC | |

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