

HSMC "Pets 4 Life" Foster Care Application & Agreement

HSMC P.O. Box 168, Belfair, WA 98524

(360) 275-9310

Thank you for your interest in The Humane Society of Mason County (HSMC). HSMC is 501-C-3 non-profit corporation that operates as an animal welfare organization.

Foster Care paperwork consists of two components: 1) *Foster Care Application* and 2) *Foster Care Agreement*. Please complete and sign the Application and Agreement, and return to the address above. After reviewing your information, our Feline Program(s) Director will contact you regarding your availability to foster animals.

Your Information:

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (H): _____ (W) _____ (C) _____

Email Address: _____ Are you over 18? Yes _____ NO _____

Emergency Contact: Name: _____ Phone: _____

Address: _____ Relationship: _____

List one reference other than family:

Name: _____ Phone: _____ Relationship: _____

Who is your veterinarian? _____ Phone: _____

Please list the people who live with you? _____

Type of residence: _____ Rent or own? _____

If you rent, do you have landlord approval to have pets? _____ Phone: _____

I am interested in fostering: (Please Circle)

Cat

Kitten

Neonates

When are you available to begin fostering? _____

Who will be primarily responsible for the care of the foster cat/kittens?

What is the longest period of time that the foster cat/kittens will be left alone?

Please list the type and number of other pets that live at your house?

Dogs x _____ Birds x _____ Small mammals x _____
Cats x _____ Reptiles x _____ Other: _____

If you have other pets, do these pets get along with other animals? _____

If you have other dogs/cats are they spayed / neutered? _____

Are there any personality/behavior types that you would not consider fostering? _____

What are your preferences regarding: Age: _____ Size: _____ Male / Female _____

Breeds: _____

Would you be willing to bring your foster cat/kitten to weekend adoption events or make the feline available for these events? Typically we ask fosters to be available for 4 quarterly events at PetSmart in Lakewood.

Would you agree to a home visit prior to fostering an animal? _____

Please give details about any past fostering experience: _____

“Pets 4 Life” Program / Foster Care Family Agreement

In consideration of this opportunity to become a foster care provider, I agree to the following terms and conditions, intending to be legally bound by them:

I, _____, am aware that the commitment required of foster care provider / volunteer at the HSMC “Pets 4 Life” Foster Care Program is an important one, and I willingly take on this responsibility by committing to the following:

____ I commit to providing the optimal care and a safe and healthy environment for my foster animal.

____ I am responsible for the care and direction given to me regarding care and treatment for my animal.

____ If an emergency prevents me caring for my foster animals I will contact the Feline Program(s) Director immediately at (360) 509-1704.

____ If, at any point, I decide not to continue volunteering at the HSMC “Pets 4 Life” Foster Care Program, I commit to giving a one (1) month notice to the Feline Program(s) Director.

____ I commit to reading all manuals and written instruction provided to me, and to follow all instructions given to me.

____ I commit to communicate directly with the Feline Program(s) Director about any concerns that I have about my volunteer work.

____ I commit to conducting myself in a responsible and professional manner, and to fully represent HSMC policies when interacting with the public, and deferring to the Feline Program(s) Director if I ever encounter questions I cannot answer.

____ I acknowledge that I am aware there are certain risks involved with working with animals, including but not limited to bites, scratches, zoonotic diseases and allergic reactions. I am also aware my own pets should be current on necessary vaccinations and preventative treatments to protect them from possible exposure.

____ I certify that I choose to become a HSMC foster care provider/volunteer of my own free will and take any risks involved knowingly and by choice, and will report any injury or unsafe condition I may observe or experience while volunteering.

____ I acknowledge that I am aware that my picture may be taken during the course of my volunteer work, and I give permission to HSMC to utilize any pictures or video taken of me for use in HSMC advertising or promotion to the public.

____ I certify that I will keep confidential any personal information about the public, adopters, or volunteers I may come to learn in the course of my duties as a volunteer.

____ I certify that I will abide by HSMC policies and procedures as explained to me by a senior volunteer or Board member including but not limited to the volunteer adoption policy and HSMC safety procedures, and that failure to follow these policies can result in the termination of my service as a HSMC volunteer.

____ I certify that I will follow all safety procedures outlined in the manual and presented to me during training. This includes, but is not limited to, practicing safe animal handling and reporting any animal-related injury to a staff person immediately. I also understand that it is my responsibility to share any concerns about the safety and/or adoptability of a particular animal with the Feline Program(s) Director immediately.

_____ In consideration of being a member of HSMC "Pets 4 Life" Foster Care Program, I agree to release and discharge The Humane Society of Mason County, its officers, members, sponsors, volunteers, or other representatives, their agents, employees, assigns or anyone acting on their behalf from any and all claims, demands, causes of action or other relief for damages for personal or bodily injury or property damage of any kind or nature whatsoever arising out of or in the course of participating in the HSMC "Pets 4 Life" Foster Care Program. This Agreement extends to all claims of any kind or character whatsoever, foreseen or unforeseen, known or unknown.

B. Organization

The HSMC "Pets 4 Life" Foster Care Program staff agrees to accept the services of this volunteer, and in our commitment to the volunteer, we agree to do the following:

- To provide adequate information and training for the volunteer to be able to meet the responsibilities of his/her position. We will do this by providing initial basic training, volunteer education classes, workshops, and on-the-job training as needed and as time allows. We will also provide written manuals and instructions on procedures as needed.
- To provide the support necessary to assist the volunteer with adjusting to this sometimes intense and emotional work, and to include the volunteer as a highly valued member of our team. We will try our best to provide support to the volunteer in our routine interactions on the job.
- To be available to the volunteer and willing to discuss issues of concern to the volunteer, either in an impromptu discussion or by arranging a specific meeting time.
- To treat the volunteer as a team member of the HSMC "Pets 4 Life" Foster Care Program staff, jointly responsible for the fulfillment and success of our mission.
- To provide foster animal with access to necessary medical care, medicines/treatment, identification and other items necessary for the health and safety of animals in foster care.

_____ I understand and agree that HSMC may refuse any application for any reason. Reasons why my foster care application would be declined: Incompatible household environment, incompatible life style for care of animal, inadequate housing or proper fencing, history or suspected of neglect or abuse

_____ I give The Humane Society of Mason County representative permission to contact my above references.

Foster Care Volunteer

Hazel Bellinger
Feline Program(s) Director

Please fill out and mail to:

HSMC "Pets 4 Life" Program
P.O. Box 168, Belfair, WA 98528