



Pemberton Animal Well-Being Society Foster Volunteer Application

Personal Information

Last Name: _____

First Name: _____

Street Address: _____

City: _____ Postal Code: _____

Phone # (h): _____ Phone # (c): _____

E-mail: _____

PAWS uses e-mail as our primary means of communicating with volunteers.

Please fill out your most frequently used e-mail address.

Age: Under 18 Over 18 D.O.B (optional): _____

Are you employed? Yes No Occupation: _____

Emergency Contact Name: _____

Phone #: _____ Relationship: _____

Foster Information

Can you commit to being a foster parent for at least six months? Yes No

Have you fostered before? No Yes -

If Yes, for which organization? _____

If yes what animals did you foster? _____

Do you have any conditions that may affect your foster work? Yes No

If yes, please explain: _____

Do you have access to a vehicle? Yes No

If no, how do you intend to transport the animal to and from the Society and/or veterinary clinics, especially in the case of medical emergency? _____

Your Home

Do you: Own Rent

If you rent, does your landlord support your participation in the foster program? Yes No

Do you have access to a yard? Yes No

Does your home have stairs? Yes No

How many members are in your household? _____

How many are children (under 18)? _____

During what hours is someone in your household at home? _____

Does everyone in your home support your participation in the foster program? Yes No

Will you allow a home visit to ensure that your home is appropriate for fostering? Yes No

Do you or any members of your household have any allergies to animals? Yes No

If yes, please explain: _____

Do you or any members of your household have a fear of any animals? Yes No

If yes, please explain: _____

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Animal Experience

Have you ever owned a pet before? If so, what kind(s), please describe:

Were you the primary caregiver for your previous pets? Yes No

How long did you own the pets? _____

Where was your animal housed? Indoors Outdoors Both

Other: _____

Where did you get your animal from? _____

Have you ever surrendered or given away any animals? Yes No

If yes, Why? _____

Was your previous pet spayed/neutered? Yes No

What behaviour are you not able to accept from a pet? _____

What will you do if this type of behaviour surfaces? _____

How will you let the pet know s/he is doing something wrong? _____

Do you currently have pets in your home? Yes No

Please list number, species, ages and sex of pets: _____

Foster Animal Needs

What do you consider a medical emergency needing immediate attention?

Who is your regular veterinarian? _____

Are the vaccinations for your pets up-to-date? Yes No

If there are currently pets in the home how will you introduce them to the new foster animal? Please explain: _____

Do you have an area where the foster animal(s) can be isolated from your own pets if necessary? Please describe: _____

Please outline any experience in animal care that may be useful to your work as a foster parent:

Are you comfortable administering medication (with instruction from our veterinary staff)?:

Yes No

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In signing this application, I understand and agree to the following: I understand that where my volunteer work involves contact of any kind with animals, there is a risk that I may be scratched, bitten, or may come into contact with a diseased animal. I agree to release and hold harmless the Pemberton Animal Well-Being Society and its volunteers from any and all liability for any damage or injury, whether arising from this contract or a breach thereof or from any act of negligence or gross negligence by the Pemberton Animal Well-Being Society, or its volunteers. I understand that it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures and policies or activities of the Pemberton Animal Well-Being Society. I recognize that as a volunteer it is my responsibility to ensure that appropriate education and training has been supplied to me, and I am comfortable with my role, before I commence duties in any department. If I fail to abide by the terms of this agreement or am otherwise unable to meet the program requirements, I may be terminated from the volunteer program. I understand that I may at any time with or without cause be removed from my position as a volunteer at the sole discretion of the Pemberton Animal Well-Being Society. I understand that it is my responsibility to ensure I, and any member of my household who will be in contact with Society animals, are properly vaccinated at all times while I am performing volunteer work for the Pemberton Animal Well-Being Society.

Applicant's Name: _____ Signature: _____

Date: _____

For office use only NOTES Approved Declined

