

Cat Canton Rescue, Inc.

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FOSTER CARE VOLUNTEER APPLICATION

How Do I Become a Foster Care Volunteer? Cat Canton Rescue ("CCR") values all of its Volunteers tremendously. Without our volunteers, CCR would not function.

Steps to Becoming a Foster Care Volunteer.

- 1. Complete and return the Application. The Application may be mailed to the above address or emailed to Donna at <a href="mailegalge-angl
- 2. Meet with one of the Foster Care Coordinators to learn more about what is needed.

Please use care in completing this form as it will help CCR determine your ability to provide foster care to one of CCR'S animals. You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the screening process.

Foster Care Volunteer Profile:

| Name: | | Are you 21 or older? ☐ Yes ☐ No |
|-----------------------------------|---|--|
| Street Address: | | E-mail address: |
| City, State, Zip: | | Home telephone: |
| Cell telephone: | | Work phone number: |
| Do you rent or own? ☐ Own ☐ Rent | If renting please provide your la | andlord's information: |
| Type of housing: ☐ house | \square apartment \square trailer \square other | |
| How many adults in your home? | | Ages of people in your home from oldest to youngest please |
| How many children in your | home? | |
| How did you hear of the CO | | |
| Why do you want to volun | teer with Cat Canton Rescue? | |
| | pets? If yes, please list below (a | · - |
| Name | Breed | Age |
| | | |
| Would you be able to keep | your animals and foster pets s | eparated? ☐ Yes ☐ No |
| Do you have a separate ro | om or area for your fosters to b | e withouth contact with your own animals if you have them? |
| ☐ Yes ☐ No | | |
| Do you have reliable trans | portation? Yes No | |

| Are you willing to transport your fosters to appointments and adoption clinics when needed? \Box Yes \Box No | | | |
|--|--------------------|--|--|
| Do you require supplies for your foster? ☐ Yes ☐ No | | | |
| What are you willing to foster? ☐ Kittens ☐ Mom and nursing kittens ☐ Pregnant cat ☐ Adult cat ☐ Special needs cat | | | |
| \square Semi feral cat (needs socializing) \square Bottle babies \square other | | | |
| Skills and Experience: | | | |
| Have you had any formal education/training in pet care or animal welfare? | | | |
| Where: | _When: | | |
| Type of education/training: | | | |
| | | | |
| Have you done any other volunteer work? | | | |
| Where: | _ When: | | |
| Type of education/training: | | | |
| Type of education, training. | | | |
| | | | |
| References: | | | |
| Do you know any CCR'S volunteers? | | | |
| Name(s): | Relationship: | | |
| Have you ever been a volunteer at CCR before? □Yes □No If yes, when? | | | |
| If yes, what was your reason for leaving? | | | |
| | | | |
| Have you adopted an animal from CCR? □Yes □No If yes, who did you adopt and when? | | | |
| Are you a member of any other animal welfare organization? □Yes □No If yes, how do you participate? | | | |
| Are you a member of any other animal wentare organization: Lives Lino 13 yes, now do you purticipate: | | | |
| | | | |
| Please list two personal or business NON-FAMILY references: | | | |
| | | | |
| Name: | Relationship: | | |
| Daytime telephone: | Evening telephone: | | |
| | | | |
| Name: | Relationship: | | |
| Daytime Telephone: | Evening Telephone: | | |

Release. If accepted as a Foster Care Volunteer, you agree to follow the conditions of any foster placements. You also agree that CCR, its officers, directors, and volunteers are not responsible for, and you release them from liability for, any losses, injuries, or damages that you may incur by participating in the Foster Care Program. You agree to indemnify CCR, its officers, directors and volunteers for any damages and expenses they may incur in defending any claim by a third party as a result of your actions or inactions as a Foster Care Volunteer or of a foster animal while in your care.

Applicant's Signature:

| X | Date: | |
|-------------------------------------|--------------------------|--|
| For CCR Use Only | | |
| Approved or Denied (circle one) By: | Date of Approval/Denial: | |
| Title: | | |