



Beacon of Hope
FOSTER
PET PROGRAM

Foster Family Caregiver Volunteer Application

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Work phone: _____

E-mail: _____ I am at least 18 years of age: Yes No

Beacon of Hope Crisis Center Foster Pet Program is very grateful to have foster families that are willing and able to provide necessities like food, toys, bedding, collars, and leashes for the pets in their care. If you are not able to provide these for your foster pets, reach out to the Foster Pet Program Coordinator to see if extra supplies are available.

Why would you like to participate in this program? _____

Have you ever been a foster pet caregiver? Yes No If yes, please provide details: _____

Are you fostering for another agency? Yes No If yes, who are you fostering for? _____

What types of animal(s) are you willing to foster?

Dog Cat Bird Small Animal Other: _____

If interested in fostering dogs, what size?

Small (1 lb.–20 lbs.) Medium (21 lbs.–60 lbs.) Large (60 lbs. +)

What behavior/potty-training issues are you not willing to take? _____

What is your level of comfort administering medication to animals? _____

Please list your current pets:

<u>Pet's Name</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Spayed/Neutered</u>	<u>Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list your veterinarian: _____ Name of clinic: _____

Phone number: _____

Are your pets good with other animals? Yes No

Are your pets kept primarily indoors? Yes No If not, please explain: _____

Do you have a fenced-in yard? _____ Do you work outside of the home? _____

Please indicate your housing status:

Rent an apartment: Rent a house: Own a house or condo:

If you are renting, please provide your landlord's name and phone number: _____

How many hours per day are your animal's home alone? _____

Where are your animals kept when you are not home? _____

Where will you have foster animals kept when you are not home? _____

Where will you have foster animals sleep at night? _____

Do you have children in your household? Yes No If yes, please list their ages: _____

If you answered yes, what interaction have he/she had with animals? _____

Would you leave your children alone with a foster pet? _____

Have the children in your house ever been bitten &/or had blood drawn by an animal? _____

Please list (2) personal references whom we may contact:

Personal reference #1: _____

Phone number: _____ Relationship: _____

Personal reference #2: _____

Phone number: _____ Relationship: _____

I have been visited or cited by an animal control agency in the last 24 months. Yes No

If yes, please explain:

Have you ever been convicted of a criminal case more serious than a minor traffic violation? Yes No

If yes, specify date, charge, place and action taken:

I hereby consent to the release of any record of criminal convictions by any law enforcement agency to Beacon of Hope Crisis Center (“BOHCC”) and Health and Hospital Corporation of Marion County. I also consent to a background driving check for the purposes of establishing safe transportation for the animal(s).

Driver’s License Number: _____

I understand that if I am accepted into this program that I agree to undertake these obligations with no claim, now or in the future, to any type of compensation or reimbursement for caring of animal(s) in the Foster Pet Program. I agree that I will notify BOHCC of any additional animals that are added to my home, whether they are my property or part of another foster program, while I am providing care for a BOHCC client’s animal.

I further agree that accidental animal bites or other injuries to humans and other animals do occur, and agree to hold harmless and indemnify, and protect BOHCC, its staff, directors, officers, and volunteers, and partners, as well as the animal owner/agent, from any claim or suit filed by anyone as a result of such an incident. In addition, BOHCC will not be responsible if foster animals should damage or destroy property belonging to me, or shall transfer any disease or internal or external parasites to other animals belonging to me.

I certify that the information in this application is true. I understand that falsification of any information in this application can lead to my termination as a volunteer and that BOHCC and/or Health and Hospital Corporation of Marion County may verify the information on this application. I will not hold any person or organization liable for releasing such information to BOHCC and/or Health and Hospital Corporation of Marion County.

Applicant’s Signature: _____ Date: _____

Applicant’s Printed Name: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____