



Volunteer/Foster Application

[Email completed application to unleashedfostercare@gmail.com](mailto:unleashedfostercare@gmail.com)

APPLICANT INFORMATION

PRIMARY CONTACT INFORMATION (PLEASE PRINT): Items in Red are REQUIRED.

Name: _____ Name on Facebook: _____

Email: _____

Primary Phone: _____ Secondary Phone: _____

Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Date of Birth _____ Driver's License # _____

Employer _____ Work Phone _____

VOLUNTEERING

How much previous volunteer experience do you have with an animal rescue?

- None Less than 1 year 1-3 years More than 3 years

If yes, what is the name of the rescue? _____

Are you a current Unleashed Volunteer? Yes No

If yes, how many years' experience do you have with Unleashed?

- None Less than 1 year 1-3 years More than 3 years

I am: Under the age of 16 16 years of age or older

If under age 16, name and relationship of the adult volunteer chaperone that will be present with you while volunteering at Unleashed?

VOLUNTEERING (cont.)

If looking to complete community service hours, complete following section.

I am looking to complete community service hours for a school or work affiliated project.

I am looking to complete community service hours for a traffic or criminal offense. *NOTE: we cannot accept anyone charged with theft crimes or abuse of any kind, including physical, sexual, or animal.

Name and Contact Info of Parole/Diversion Officer

Number of community service hours needed:

What volunteer activities are you interested in?

Fostering

Walking Dogs

Adoption Events

Greeter at Shelter

PawPal Program

Snuggles for Seniors Puppygrams

Helping in Cat Room

Educational Activities with Children

Other Volunteer Interests

Administrative/Office

Dog Grooming/Bathing

Promotional/Fundraising Events

Shelter Cleaning/Maintenance

Planned Pethood Outreach Program

Holiday/Special Occasion Puppygrams

Transportation for Animals/Donations

Photography/Videography

Volunteer Availability (Select all that apply):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Comments:							

VOLUNTEERING (cont.)

Volunteer Location Preference (Select all that apply)

I would like to volunteer at the shelter.

I am available to drive in the KC metro area (events, transports, donation pickups, etc.)

I am available to drive outside the KC metro area for animal transports.

Off-site activities or events (fundraising, adoption events, Puppygrams, etc.)

I am available to volunteer at home (fostering, administrative/office, etc.)

Do you have any special skills? (check all that apply)

Veterinary Services

Web/Graphic Design

Photography

Event Coordination

Teaching/Activities with kids

Dog Grooming

IT/Programming

Other

Building Maintenance

Social Media/Marketing

Videography

Customer Service

Writing

Dog Training

FOSTER HOMES

TELL US ABOUT YOUR HOME (Fosters Only)

Do you:

Rent Own Live with Parents

Do you live in:

House Condo Apartment Mobile Home

If you rent, what is your pet deposit and weight limit? _____

Landlord's Name _____ Phone _____

List all person's living in your household.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever adopted from us before?

Yes No

Do you still have the pet?

Yes No

Have you fostered for Unleashed before? Yes No If yes, how long ago? _____

Fostered for another organization? Yes No If yes, what organization? _____

Where will the foster pet be kept during the day? _____

Do you have a fence? Yes No If yes, what kind and how tall? _____

How long will the foster pet be left alone during the day? _____

Will the foster pet be kept indoors or outside? Indoors Outside

How will you discipline your foster pet?

List unacceptable behavior issues:

FOSTER HOMES (cont.)

List all pets currently in your household:

Name	Breed	Spayed/Neutered		Age
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____

Veterinary Clinic Name: _____ Phone _____

What animals are you interested in fostering?

- | | |
|---------------------------------|---------------------------------|
| Puppies | Kittens |
| Adult Dogs | Adult Cats |
| Medical Dog Cases | Medical Cat Cases |
| Hospice Dogs | Hospice Cats |
| Pregnant Dogs/Moms with Puppies | Pregnant Cats/Moms with Kittens |

How long would you be willing to foster an animal?

- | | | |
|--------------------------|-----------------------|-------------------|
| Overnight Shelter Relief | Up to 2 Weeks | 2-4 Weeks |
| 4-8 Weeks | Long Term (2+ months) | As Long as Needed |

VOLUNTEER AGREEMENT & WAIVER

All volunteers must READ, INITIAL, AND SIGN this form before starting your first volunteer assignment. Each volunteer must sign an individual waiver.

Name of Applicant _____

Name of Parent/Guardian if applicant is under 18 _____

_____ I understand that as a volunteer of Unleashed Pet Rescue (UPR), I am acting as a representative for the organization and agree to act responsibly at all times by maintaining a professional demeanor.

_____ I will treat all animals, fellow volunteers, and staff with respect, and I will work as a team with all volunteers.

_____ I understand that I may not be reimbursed for any expense that I incur while volunteering for UPR.

_____ I understand that all images in which I participate or create, including film, photographic prints, digital files or video, are the exclusive property of UPR, and I grant UPR the unrestricted right to copyright, publish, and republish the images.

_____ I understand the possibility of transferring disease-causing microorganisms during animal handling activities to other UPR animals or others. I agree to take all precautions to avoid such transfer. I understand that UPR will not be responsible to pay for any vaccination, for my pet or myself.

_____ I confirm all of my personal pets are current of their vaccinations and preventatives, and they are free of contagious illnesses.

_____ I understand that UPR is not responsible for personal pets' vet bills incurred due to illness or injury.

_____ I understand that UPR will make every attempt to ensure the safety of the volunteers and animals alike. Therefore, I assume the risks of being bitten, scratched, injured, or frightened by the animals. UPR is not liable for damage caused to a person or their property.

VOLUNTEER AGREEMENT & WAIVER (cont.)

_____ I understand the safety risks of volunteering at UPR and the animals, and I comply that I will not bring friends/family members with me while volunteering unless they have completed the volunteer application/waiver and attended our volunteer orientation. I also understand that if I chose to bring a minor, that I am a legal guardian of, while volunteering, that I am responsible for that minor and will take all precautions necessary for the protection of them and UPR animals.

_____ I comply that I must be at least 18 years of age in order to work with, handle, or walk dogs without a guardian.

_____ I understand that if I fail to abide by these terms and conditions, I will be terminated from the UPR volunteer program. I also understand that I may, at any time, be removed from my position as a volunteer at the discretion of the UPR staff.

Signature of Applicant: _____ **Date:** _____

Please Print/Type First and Last Name: _____

Signature of Parent/Guardian If applicant is under 18:

_____ **Date:** _____

Please Print/Type First and Last Name: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Relationship to you: _____

UPR Representative Signature: _____ **Date:** _____

Printed name of UPR Representative: _____

Make sure you complete this form in it's entirety. Incomplete forms will delay processing. Completed forms may be printed and brought to the shelter or emailed to unleashedfostercare@gmail.com.