

**OFFICE USE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Staff Name \_\_\_\_\_

Attended: Vol. Orientation \_\_\_ Foster Orientation \_\_\_ Date Attended: \_\_\_\_\_

Completed Online Foster Orientation \_\_\_\_\_ Date Completed: \_\_\_\_\_



**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 \_\_\_\_\_

**REFERENCES**

**Please provide 3 NON-FAMILY MEMBER references:**

Name _____	Phone _____
Email _____	Relationship _____

Name _____	Phone _____
Email _____	Relationship _____

Name _____	Phone _____
Email _____	Relationship _____

## 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? \_\_\_\_\_

### **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	Administrative/Office
Walking Dogs	Dog Grooming/Bathing
Adoption Events	Promotional/Fundraising Events
Greeter at Shelter	Shelter Cleaning/Maintenance
PawPal Program	Planned Pethood Outreach Program
Snuggles for Seniors Puppygrams	Holiday/Special Occasion Puppygrams
Helping in Cat Room	Transportation for Animals/Donations
Educational Activities with Children	Photography/Videography
Other Volunteer Interests	

## 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

Building Maintenance

Web/Graphic Design

Social Media/Marketing

Photography

Videography

Event Coordination

Customer Service

Teaching/Activities with kids

Writing

Dog Grooming

Dog Training

IT/Programming

Other

## 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 |

**UNLEASHED PET RESCUE & ADOPTION 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.**

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**Name of Applicant** \_\_\_\_\_

**Name of Parent/Guardian if applicant is under 18** \_\_\_\_\_

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\_\_\_\_\_ I understand that as a volunteer/foster 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 will not be reimbursed for any expense that I incur while volunteering/fostering 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 vaccinations or medical bills, 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.

## UNLEASHED PET RESCUE & ADOPTION 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](mailto:unleashedfostercare@gmail.com).**

## UNLEASHED PET RESCUE & ADOPTION FOSTER AGREEMENT

**All FOSTERS must READ, INITIAL, AND SIGN** this form prior to taking an animal into foster care.

\_\_\_\_\_  
**Name of Applicant** \_\_\_\_\_

**I understand that I have been approved by Unleashed Pet Rescue and Adoption (UPR) to be a foster-parent and will be providing a temporary home for the animal named above. I agree to be bound-by and compliant with the following terms and conditions:**

\_\_\_\_\_ I confirm that I must be over eighteen years of age to foster an animal.

\_\_\_\_\_ My services are strictly on a volunteer-basis, for which I will receive no salary, compensation, or other types of payment whatsoever. I will not be furnished with any employment-type benefits, including insurance programs, workers' compensation in any form, vacations, or sick-leave.

\_\_\_\_\_ I agree to foster the animal for the period specified, unless approved by Unleashed staff.

\_\_\_\_\_ I certify that all of my personal-pets are up to date on vaccinations and monthly preventatives against the following diseases:

- Canine Vaccinations: Distemper, Bordetella, Parvovirus, Rabies
- Canine Preventatives: Flea Prevention, Heartworm Prevention, Dewormers
- Feline Vaccinations: Panleukopenia, Rhinotracheitis, Calicivirus, Rabies
- Feline Preventatives: Flea Prevention, Heartworm Prevention, Dewormers
- All Other Mammals: to be vaccinated according to species

\_\_\_\_\_ UPR is not liable for personal pets vet bills.

\_\_\_\_\_ UPR is not liable for personal medical bills.

\_\_\_\_\_ UPR has the right to render aid and supplies, as necessary, however, I offer to give support and help to the extent feasible.

\_\_\_\_\_ UPR has exclusive rights to the animal.

\_\_\_\_\_ Nothing can prevent UPR from repossessing the animal for any purpose, including after adoption or final disposition, and I acknowledge that no ownership rights are granted to me by this agreement.

\_\_\_\_\_ In case of life-threatening emergency, I agree to contact the foster emergency-line immediately.



**UNLEASHED PET RESCUE & ADOPTION FOSTER AGREEMENT & WAIVER (cont)**

**If you have an emergency, please contact: UNLEASHED EMERGENCY SUPPORT (913)562-7301. Decisions regarding medical treatment and procedures will be made SOLELY by UPR Foster Management.**

\_\_\_\_\_ I agree that I will rely on UPR for medical-support. Any medical treatment provided in which UPR did not approve will not be reimbursed. I agree that I am responsible for the entire bill.

\_\_\_\_\_ I understand that an animal may be removed from my care if there are noted medical problem beyond the scope of the foster-parent's care, undesirable physical or temperament traits, mistreatment, neglect, or lack of cooperation demonstrated by the foster-parent. An animal may be removed from my care if there are any traits that UPR deems as unacceptable.

\_\_\_\_\_ I will not rename my fosters. The quirky names given are designed to "stand-out" for a reason. Altering these names of any sort can cause confusion amongst fellow volunteers and staff.

\_\_\_\_\_ I understand that for promotion purposes, I will take my foster to at least ONE event, each month.

\_\_\_\_\_ I agree to send pictures and biographies of the animals in my care to the appropriate staff for promotion.

\_\_\_\_\_ I understand that only UPR staff can approve applications, and that I will not host meet-and-greets until the candidate has an approved application on file.

\_\_\_\_\_ I will not allow my foster to be off-leash while outside.

\_\_\_\_\_ I will not take my foster to dog-parks or off-leash parks.

\_\_\_\_\_ I agree to make appointments on-time, on the dates they are scheduled.

\_\_\_\_\_ I will immediately notify UPR if problems arise in complying with these terms and conditions. UPR reserves exclusive rights to determine the proper course of action needed to resolve the problem at hand.

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Printed Name of Foster Parent: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UPR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_