



## Volunteer Foster Application

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit/Apt: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ ☐ Cell Phone ☐ Home Phone  
Secondary Phone: \_\_\_\_\_ ☐ Cell Phone ☐ Home Phone  
Email address: \_\_\_\_\_

Please list the names and ages of people in your household:

_____	_____
_____	_____
_____	_____

Please list all pets in your home:

Type of Animal	Age	Spayed/Neutered?	Veterinarian	Up to Date on Vaccines?	Does this pet go outside?

Do any of your pets have health or behavioral concerns? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate hours per day you can dedicate to care/socialization of foster animal(s): \_\_\_\_\_

Please provide 2 references that are not household members:

- Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
Email address: \_\_\_\_\_
- Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
Email address: \_\_\_\_\_

Are you able to foster adult cats? ☐ Yes ☐ No

Are you able to foster kittens? ☐ Yes ☐ No

Are you able to foster kittens that need to be bottle-fed? ☐ Yes ☐ No

Are you able to foster weaned kittens? ☐ Yes ☐ No

Are you able to foster pregnant cats? ☐ Yes ☐ No

Are you able to foster queens and their litters? ☐ Yes ☐ No

Are you able to foster cats with medical needs? ☐ Yes ☐ No

Are you able to foster cats with behavioral needs? ☐ Yes ☐ No

Do you have experience giving medications? ☐ Yes ☐ No

*If yes, please describe your experience giving medication(s):* \_\_\_\_\_

\_\_\_\_\_

Have you fostered animals in the past? ☐ Yes ☐ No

*If yes, please list the organization you fostered through, and for how long:* \_\_\_\_\_

\_\_\_\_\_

You must have a separate room for housing foster animals. Are you able to provide a separate area for your foster animal(s) away from any other animals in your household?

☐ Yes ☐ No

Are you able to transport the foster animal(s) to the shelter or veterinary clinics as needed for care?

☐ Yes ☐ No

## Best Practices for Providing Foster Care

### Hello, future foster parent!

Thank you for making a difference! Stepping up to foster a pet can be the spark that begins the positive change in an animal's life. As rewarding as this experience can be, it can present some challenges. *The Massachusetts Department of Agricultural Resources' Division of Animal Health requires all prospective foster care givers to read and acknowledge the following information about the ups and downs of providing foster care for rescued animals.*

Many foster animals have an unknown background, and this has the potential to create different problems when bringing them into a new home. Rescued dogs and cats frequently come from situations where little or no veterinary care was provided. In some cases, those animals in greatest need of assistance are the ones chosen to be rescued. As a result, some of those animals may pose the greatest risk for infectious or contagious disease. Additionally, some of these animals have had limited or no socialization time with people or other animals. Animals coming from these situations may pose significant challenges, but providing them with an opportunity to become great pets is a noble and worthwhile effort. Please bear in mind that the following situations could occur with your fostered pet.

### Illness

Animals imported from out of state are required to be isolated for 48 hours and be deemed healthy by a veterinarian before being placed in your home. However, there are some issues that may not become evident within that first 48 hours. Additionally, animals rescued locally (from within Massachusetts) are not required to be isolated at all. Illnesses of concern may be caused by bacteria, viruses or even fungal infections. Most of these pathogens are not capable of surviving outside of the host animal for more than a few hours, but some can hang around for significantly longer than that. Prime examples are the viruses that cause Canine Parvovirus and Feline Panleukopenia, which can live in the environment for up to a year. The Division of Animal Health strongly suggests that newly acquired foster pets be kept separate from other animals in the home and remain in a part of the house that can be easily cleaned and disinfected, such as areas with tiled floors and limited upholstered furniture, for the first two weeks. Should any germs wind up on upholstered furniture or in carpeting, it may not be possible to remove it. If you cared for an animal with this type of disease, your home will need to be thoroughly cleaned and disinfected before any other animals could be taken in. Unfortunately, cleaning efforts may include removing carpeting or upholstered furniture that came into contact with the affected animal.

### Parasites

Along the same lines of illnesses caused by pathogens are illnesses caused by parasites. Foster animals may be infested with fleas, ticks, intestinal worms or other parasites. Many of these parasites are easily spread from animal to animal, and in some cases, from animals to humans. Some parasites are capable of remaining in your home for long periods of time, even without a host. Always ensure an animal was properly washed and that they are free of external parasites before bringing them into your home. If you notice the presence of internal parasites, notify the organization immediately and be sure the animal is seen by a veterinarian promptly. Keep that animal and its droppings away from other animals in your home.

## **Unexplained Wounds or Wounds Caused by Other Animals**

Foster homes should not accept animals that have wounds that may have been caused by another animal. These animals require a rabies quarantine that must be done by the organization.

## **Unknown Behaviors**

Your foster animal may show signs of aggression, be overly timid, or may not be fully house trained. If you feel that these complications can be safely overcome with your own training abilities, please feel free to work with the animal. However, if the animal becomes overly aggressive and you fear for your own safety or that of other animals, you must immediately notify the organization for which you are providing foster care.

## **Reporting Concerns**

If at any point you are concerned about the animal in your care you should immediately notify the organization. If you have concerns about the organization with which you are working, or any information provided by the organization, you may contact the Division of Animal Health directly by calling (617) 626-1786, or by email to [patricia.cabral@mass.gov](mailto:patricia.cabral@mass.gov)

***By signing below, you are acknowledging that you have received, read, and understand the above information:***

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

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

Date: \_\_\_\_\_

# General Volunteer Guidelines

Please read the following statements. They constitute the conditions under which you would be volunteering at HSAR should you be accepted as a volunteer. Please initial on the lines provided to indicate your understanding and agreement to adhere to each condition. Please understand that failing to follow any of these guidelines could result in your immediate release from HSAR as a volunteer.

1. I certify that all information provided on this application is true and complete to the best of my knowledge. Any misrepresentation, or omission of facts may result in denial of a volunteer opportunity or immediate dismissal from the volunteer program.
2. I agree to abide by the mission, rules, regulations, policies, and programs of the Hull Seaside Animal Rescue while I am a volunteer.
3. I give permission to the Hull Seaside Animal Rescue to investigate all pertinent information and references concerning my volunteer application. I hereby release said employers, companies, schools, or persons from all liability for any damage, both legal and otherwise for issuing information.
4. If selected as a volunteer, I hereby release Hull Seaside Animal Rescue, its agents, employees, directors, and officers from all losses, damages, and claims of any kind including injury or sickness.
5. If selected as a volunteer I agree to maintain the confidentiality of all proprietary or privileged information to which I am exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, animal, or other person or involves overall HSAR business. I also acknowledge that failure to maintain confidentiality would be cause for immediate termination of my volunteer status.
6. I agree to abide by the social media and disclosure policies set forth by Hull Seaside Animal Rescue and understand that any misrepresentation or unauthorized portrayal of the Rescue will be cause for immediate release of my volunteer position.
7. If I will be sheltering, providing foster care, or boarding for any of the HSAR animals in my home or business, I consent to HSAR representatives visiting my home or business from time to time to observe the animals and their living quarters.
8. If I will be transporting cats or bottles and cans for Hull Seaside Animal Rescue, I attest that I have a valid state license and consent to HSAR representatives inspecting vehicle from time to time to ensure the safe transport of animals under the care of HSAR.
9. I understand that a volunteer position at Hull Seaside Animal Rescue is at-will, and the Rescue reserves the right to terminate my position as a volunteer at their discretion at any time.
10. I attest that I have never been arrested on suspicion or found guilty of animal cruelty charges, including but not limited to acts involving neglect or abuse. I acknowledge that any future such arrests or charges are cause for immediate termination from my volunteer position at HSAR.

I certify that I agree to the terms of volunteering at HSAR as outlined above and in the HSAR Operations and Volunteer Guidelines. I further certify that all of the information provided in this application is true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Waiver of Liability for All Volunteers

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit/Apt: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ ☐ Cell Phone ☐ Home Phone  
Secondary Phone: \_\_\_\_\_ ☐ Cell Phone ☐ Home Phone  
Email address: \_\_\_\_\_

## PERMISSION/WAIVER

*I understand that my participation in any of activities or volunteer opportunities at/through Hull Seaside Animal Rescue is strictly on a volunteer basis. Therefore, no insurance against bodily harm is provided for me. I agree to release Hull Seaside Animal Rescue (HSAR), a non-profit organization, its directors, officers, employees, and volunteers from any and all injuries or damages incurred during my participation in any HSAR activity or while on the premise of HSAR.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMMUNIZATION WAIVER

Hull Seaside Animal Rescue (HSAR) works with many animals, with a primary focus on domestic and feral cats. These animals have an unknown health history and HSAR feels it is important for all volunteers to consult with their physician on recommended vaccinations prior to volunteering and encourages all volunteers to be vaccinated for a minimum of Tetanus. To emphasize that importance, we ask that you read and sign the following Waiver:

*I understand that because I work with, foster, or visit shelter animals with unknown histories and health statuses, it is important to discuss immunization/vaccinations with my physician. I release HSAR from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Volunteer Emergency Contacts

**Volunteer Name:** \_\_\_\_\_

Please list the contact information for two people you would like to be contacted in the event of an emergency while you are on premise of Hull Seaside Animal Rescue. No more than one contact may be on the same HSAR volunteer shift(s) as you:

**Name:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Secondary Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Secondary Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

Please use the space below to disclose any information about your health or lifestyle that may be relevant for appropriate and prompt medical treatment in the event of an emergency (i.e., medical conditions, medications, etc.). *This information is only shared with medical professionals in the event of an emergency. Please only list what you are comfortable disclosing.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_