



# MONROE COUNTY FRIENDS OF ANIMALS (MCFA) FOSTER APPLICATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Are you interested in fostering a Dog \_\_\_\_\_ Cat \_\_\_\_\_ Both \_\_\_\_\_

Are you over age 18? Single \_\_\_\_ Married \_\_\_\_ Living with friends? \_\_\_\_ Living with parents? \_\_\_\_

If living with other adults, how do they feel about fostering an animal(s)? \_\_\_\_\_

Are there children in your household? \_\_\_\_\_ Age(s) \_\_\_\_\_

Do you live in a house? \_\_\_\_ In an Apartment? \_\_\_\_ Own? \_\_\_\_ Rent? \_\_\_\_

If you rent, do you have written permission from your landlord to foster an animal? \_\_\_\_\_

Do you have a yard? \_\_\_\_\_ Is there a fence? \_\_\_\_\_

Do you currently have any pets? \_\_\_\_\_ How Many Dogs(s) \_\_\_\_\_ Cat(s) \_\_\_\_\_

Ages of current Dog(s) \_\_\_\_\_ Breed \_\_\_\_\_

Ages of current Cat(s) \_\_\_\_\_ Breed \_\_\_\_\_

Are all current pets up to date on shots? \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Size preference: Small \_\_\_\_\_ Medium \_\_\_\_\_ Big \_\_\_\_\_ No Preference \_\_\_\_\_

Where will foster animal stay during the day? \_\_\_\_\_

Where will foster animal sleep at night? \_\_\_\_\_

Will the animal be left alone during the day? \_\_\_\_\_ For how long? \_\_\_\_\_

Please provide a reference:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

If you have current pets, which veterinarian do you use: \_\_\_\_\_

May be contact their office? \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# MONROE COUNTY FRIENDS OF ANIMALS (MCFA) FOSTER APPLICATION (Cont')

## Indemnity Agreement and Waiver

**WHEREAS**, MCFA uses volunteers in many capacities including, but not limited to, assisting at the MCFA Thrift Store and interacting with animals at the animal shelter or elsewhere

**WHEREAS**, the *Volunteer* agrees to perform their volunteer activities in a safe manner. *Volunteer* is aware of the risks, dangers, hazards associated with being a volunteer and warrants that she/he has no physical or health related problems that would preclude any activities with animals.

**NOW THEREFORE**, in consideration of the premises, *Volunteer* hereby agrees to indemnify MCFA and its Officers, Director, and other volunteers against any claim or loss incurred by the *Volunteer* or anyone claiming by or through the Volunteer while performing their duties as a volunteer. He/she waives any right to any claim against MCFA for injury, disease, or any other matter that might be associated with their services.

The volunteer certifies by signing below that they have read and fully understand this waiver and release form and have signed it voluntarily with full knowledge of its significance.

Name (please print): \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date \_\_\_\_\_

Return this form to the Center's front desk, to the Thrift Store, or mail to

**Monroe County Friends of Animals (MCFA)  
130 Kefauver Ln  
Madisonville, TN 37354**

or email the it as an attachment to: [Info@MonroeCountyFriendsofAnimals.org](mailto:Info@MonroeCountyFriendsofAnimals.org)

You will be contacted in a few days.

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**This section for trainer use:**

Trainer's Name \_\_\_\_\_ Date: \_\_\_\_\_

Trainer's Signature \_\_\_\_\_

Orientation Date (dd/mm/yy): \_\_\_\_\_

Agreed upon dates & times for volunteering \_\_\_\_\_