



The Little Ones Animal Center

Foster Care Application

Thank you for considering becoming a Foster Parent. Our Foster parents play a very important role in our rescue. To help make our Foster program a success, we ask that this application is filled out and email back to Sophia Rangel to her personal email at: sdlabella@yahoo.com. If you have any questions or concerns, please call Sophia at 619-823-2222.

Foster Volunteer Requirements:

Must be at least 18 years old.

Must complete and sign the foster care application, including medical information for all personal pets that could be in contact with the foster pets.

Must always agree to comply with all foster program policies, protocols, instructions, guidelines and other information documented in the Foster Care Manual.

The Little Ones Animal Center will be responsible for all food, medical needs, toys, and all dog items needed while in your care.

Volunteer Personal Profile:

Name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Work or Cell Phone: _____

Email: _____

Housing Status

Do you Rent or own your home? _____

Does your lease allow pets? _____

Please describe any restrictions on the number or type of animals that you can house:

Name and relationship of other adults in your household: _____

Name and ages of children in your household: _____

Does anyone in your household have allergies to animals? _____

If yes, please explain _____

Please tell us about your employment history.

Current or most recent employer _____

Are you full time or part time _____

Employment From _____ To: _____

Description of duties _____

Do you have an experience in Marketing/Fundraising/Non-profit? _____

Please provide two personal references. Please do not include household members:

Name: _____ Phone: _____

Relationship: _____

Name _____ Phone _____

Relationship _____

Have you ever been convicted of a criminal offense? _____

If yes, please explain: _____

You may omit any convictions for the possession of marijuana that are more than two(2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program. (Note: no applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, date, circumstances and relevance to the position applied for may, however, be considered.)

Volunteer Personal Pet Profile:

Please list ALL pets currently in your household:

	Name	Dog/ Cat	Breed	Age/Sex	Altered	Vaccines (Type/Date last given)	Where does pet sleep?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List history of medical issues of the above pets, by line number:

How many hours per day are your pets left unsupervised? _____

How are they contained when left unsupervised? _____

Your veterinarian's name and phone number: _____

Relevant Experience/Information

Please list any/all other foster or rescue groups that you are affiliated with:

Does your property have a swimming pool? _____

Is the swimming pool fenced? _____

Does your property have a fenced in yard? _____

If yes, what type? (block, wood, chain, concrete, etc.) _____

How high is the fence at its lowest point? _____

Please describe the area where the foster animal(s) will be kept and cared for: _____

How many hours per day will the animal be alone on a regular basis or without an adult caregiver? _____

Give a brief description of your experience with very young, ill, injured, and/or unsocialized animals:

Have you ever raised a puppy? _____

Sometimes animals become ill while in foster care. If this situation arises, are you willing and able to administer medication? _____

Do you have experience administering medication to animals? _____

If yes, please explain: _____

What is the maximum time you can foster? _____

How many animals are you willing to foster at a time? _____

Which animals are you interested in fostering? Check all that apply:

weaned healthy puppies

bottle feeding puppies

dogs/puppies with a cold

pregnant dogs

mom with puppies

ill/injured dog

dog behavior cases

Why do you want to be a Foster

Parent? _____

How did you hear about our Dog

Rescue? _____

I hereby release, and agree to indemnify, defend and hold harmless the Little Ones Animal Center, its directors, employees, and volunteers, and its and their heirs, successors, assigns, and personal representatives, from and against liability for any injuries, damages, liabilities, losses, judgments, which I might suffer or sustain.

Tetanus Information: I understand that because I may handle animals, it is important to discuss the tetanus vaccine with my physician. I release the Little Ones Animal Center 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. I have read, understand and agree to the above tetanus information.

I acknowledge that there are risks that I could be bitten, scratched, injured or frightened by the animals and we/I assume such risks.

I acknowledge that I, as a volunteer of The Little Ones Animal Center, do not have permission to take photographs or video of any privately-owned animals at the Center. I acknowledge and understand that as a volunteer of The Little Ones Animal Center, I am not covered by The Little Ones Animal Center's workers compensation or any other insurance policy for any damages or injuries I may sustain during my volunteer activities.

On behalf of myself, my children, my heirs, assignees, guardians, personal and legal representatives and executors, I hereby release, discharge, indemnify and hold harmless The Little Ones Animal Center, its officers, directors, and employees for any and all claims, demands, losses, costs, liabilities, damages, personal injuries and property damage, connected with my or my child's volunteer services to The Little Ones Animal Center whether caused directly or indirectly by any negligence (active or passive) attributable to The Little Ones Animal Center, its officers, directors or employees.

I have read, understand and agree to the above information. I certify that the information provided here is accurate and complete. I accept and satisfy the above volunteer requirements. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of The Little Ones Animal Center. I authorize the Center to conduct an on-site inspection of the premises where the animal(s) will be kept. I understand that services performed by an individual for the Foster Program are of a voluntary nature and are without any express or implied promise of salary, compensation, employment, or payment of any kind.

Please sign if you agree and that all information given is true to the best of your ability.

Signature

Date

The Little Ones Animal Center would like to thank you for taking the time to fill this application out and in helping us save precious Lives!

Sincerely,

Sophia Rangel
CEO/President of
The Little Ones Animal Center

Where all Life is Precious!