

## Foster 2 Home, Inc.\_

# **Volunteer Questionnaire**

How did you hear about Foster 2 Home?	
Contact Information:	
Name:	-
Name2:	-
Street Address:	_
City:	
State: Zip Code:	
Home Phone Number:	_
Work Phone Number:	
Cell Phone Number:	<u> </u>
Email:	_
What is the best time to reach you?	_
Thank you for taking time to fill out an application. In order	er to evaluate where your strengths are and what
you would like to do for our rescue, please respond to the	following questions.
Are you willing to allow us to send for a background check	on you or those living in your home over the age of
18?	

### **Home Visits**

These visits are necessary both prior to placing a dog in a new home and after the placement to ensure that al
is well and that the dog and the family are adjusting well.

Would you be willing to do a home visit? \_\_\_\_\_

### **Transportation**

Frequently dogs are moved from area to area in order to place them into a foster/adoptive home. To insure everyone's safety, we prefer to transport all animals crated inside the vehicle.

- 1. Do you have access to a vehicle large enough to hold a crate?
- 2. Do you have a crate for transporting?
- 3. How far are you able to transport from your home?
- 4. When are you available?

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Co	m	m	eı	nt	ς:

#### **Foster Care**

This is possibly the most important aspect of volunteering and not to be done without a great deal of thought. You must be able to separate the rescue dog from your own animals for the safety of all involved. Circle any that interest you or apply:

Short Term (Emergency only, overnight, no longer that 3 days)

Long Term (Until adoptive home is approved)

Do you have a fenced yard?

Do you have means to keep dogs separated?

Do you maintain Homeowner's Insurance?

(Note: You are required to maintain homeowner's insurance to foster dogs. Legally you will be considered the "owner" of the dog while it is in your care.)

Housing:		
Do you	Own?	Rent? If you rent, before a Rescue can be placed with you, you must supply a
letter of pe	ermission from y	our Landlord, stating that the landlord is aware of your desire to foster dog(s) and to
state what	your limit of an	imals is in the building.
If at home	address for less	than 1 year complete the following:
Prev. Stree	t Address:	
Prev. City:_		
Prev. State:	:	
Prev. Zip Co	ode:	
Namasana	l rolationshins o	fall other adults living in the house.
Names and	i relationships o	f all other adults living in the house:
		<del></del>
Names and	l ages of Childre	en living or visiting on a regular basis in the household:
Other Pets	Owned: Breed	Age and sex of each
Are your ar	nimals Spayed o	r Neutered?YesNo If No, Why
not?		

Do you have a fully enclosed fenced yard?
How high?
If not do you have a dog run?
Where will you keep the Rescue during the day while you are home?
Where will you keep the Rescue while you are away during the day?
Where will the rescue sleep at night?
How will the rescue be cared for during overnight absences or while on vacation?
What do you consider the appropriate discipline if the rescue destroys something or goes to the bathroom on your rug in the house while you are away?
How much time will you be able to spend with the rescue?
Who will be the main Caregiver?
Are all family members gone during the day?
If yes, for how long?
Have you ever owned a dog?No
When:
What happened to the dog?
Have you ever surrendered a dog/cat to animal control, local humane society or rescue group?YesNo
If Yes, Please explain circumstances
How many dogs can you legally have where you live?

<u>Veterinarian Information</u> (Note: This	information must	be complete to be considered to foster if you have had
or have now any dogs. )		
Name:		
Phone: Area Code Phone Number	er	
Street Address:		<u></u>
City:	State:	Zip Code:
Personal References: (Familiar with th	·	
1. Name		
Phone Number		<u> </u>
Street Address		_
City	State	_
Zip Code		
2.		
Name		
Phone Number		
Street Address		<del></del>
City	State	
Zip Code		
Please list any other information that	you feel is import	ant in considering your application:
Cignatura		