

Gloucester Mathews Humane Society
FOSTER Volunteer Family Application & Information Sheet

6620 Jackson Lane – PO Box 385- Gloucester, VA 23061
 804-693-5520 Fax – 804-693-2009

Name: _____ Date: _____

Street Address: _____

City: _____ Zip: _____ Phone: _____

Alternate Phone: _____ E-mail: _____

What is your preferred method of contact: Phone or E-mail (circle one)

Please list any animals you have had over the past three years

Species	Name	M/F	Spayed/Neutered	Inside/Outside	Still have, If no, what happened?

List names of any additional pets: _____

Do you have any other animals in your home? _____ If yes, please list what kind and how many:

Name of veterinary clinic/doctor: _____ Telephone: _____

How often do you take your animals in for veterinary care/checkups? ____

May we contact your veterinarian? __yes __no

Are there children living in or visiting the house? _____ If yes, please list their ages: _____

Do you own your home or rent? _____ Name & Phone Number of Landlord: _____

Do you have a separate room or area where you could keep foster animals isolated? _____

A home-visit may be required of foster homes. Are you willing to make your home available for a quick visit from GMHS staff or volunteers? _____

Are you willing to provide food, litter, toys, etc for the foster animals? _____

(This is not always a requirement. Medical care is provided by GMHS without charge to the foster.)

Is it okay to add you to our e-mail list of foster volunteers? _____

(This list will notify you of all animals needing foster as well as supplies needed for the program.)

Please read the following:

I understand that by fostering, I am taking temporary custody of an animal belonging to the GMHS. I do NOT become the animal's owner when I take possession. I understand that should I wish to adopt an animal I am fostering, I will be required to follow normal adoption procedures and pay normal adoption fees if applicable.

By signing below, I certify that I have never been convicted of animal cruelty, neglect, or abandonment. Furthermore, I certify that no one residing in my residence has ever been convicted of animal cruelty, neglect, or abandonment.

Signature: _____ **Date:** _____

GMHS OFFICE USE	
Date Application Received: _____	Received By: _____
Home Visit Scheduled: _____	Home Visit Completed By: _____

Animals You Are Able to Foster

Please check all that apply. Remember you can always say no to individual animals or litters.

Felines:

- Orphaned newborns needing bottle-feeding (1 day- 5 weeks)
- Nursing mother and kittens
- Kittens not requiring bottle-feedings (5 – 8 weeks)
- Cats or kittens with a physical handicap
- Cats or kittens requiring daily medication
- Cats or kittens recovering from illness
- Cats or kittens recovering from injury or surgery
- Cats or kittens needing socialization
- Cats or kittens needing to be observed in a home setting to determine behavior and temperament

Canines:

- Dog For A Day Program
- Orphaned newborns needing bottle-feeding (1 day- 5 weeks)
- Nursing mother and puppies
- Puppies not requiring bottle-feedings (5 – 8 weeks)
- Dogs or puppies with a physical handicap
- Dogs or puppies requiring daily medication
- Dogs or puppies recovering from illness
- Dogs or puppies recovering from injury or surgery
- Dogs or puppies needing socialization
- Dogs or puppies needing to be observed in a home setting to determine behavior and temperament

Small Animals: (Usually for socialization, lack of space, or pregnancy/nursing)

- Rabbits Hamsters/Gerbils/Mice Rats Guinea Pigs
- Small Birds (parakeets, cockatiels, finches) Large Birds (parrots)

Please describe your experience with birds and/or small animals: _____

**GLOUCESTER-MATHEWS HUMANE SOCIETY
FOSTER VOLUNTEER SERVICES RELEASE**

I agree to release, discharge, indemnify and hold the Gloucester-Mathews Humane Society harmless for any and all damages to my personal property while performing as a FOSTER VOLUNTEER in a VOLUNTEER CAPACITY any and all duties for the GMHS. I recognize that there exists a risk of injury or sickness, including personal injury or harm in handling foster animals in my care belonging to GMHS in a volunteer capacity. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless the GMHS, its agents, affiliates, employees and Board of Directors from any and all claims, causes of action or demands, or any nature or cause connected with the Foster Volunteer Services. This is to include any costs and attorneys fees incurred by the GMHS related to damages incurred or sustained by me in any way in connection with my Foster Volunteer Services. Such damages or injuries might include, but are not limited to animal bites, accidents, personal injuries, injuries to my own pets and personal property damage.

I further understand that public relations are an important part of volunteering at GMHS. I agree, therefore, on behalf of myself, my heirs, personal representatives, and executors to allow the GMHS to use any photograph or video taken of me for use in a public relations effort. Any photographic images or videotapes in which I appear will become the property of the GMHS which can use them in any and all ways it sees fit. The GMHS will use reasonable efforts to notify me but such notification is not a pre-condition to the release of the photographs under the auspices of the GMHS.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE FOSTER VOLUNTEER SERVICES RELEASE AND THAT I WILL COMPLY WITH THE SAME.

Date: _____ Volunteer: _____

GMHS Foster Volunteer Coordinator: _____

**GLOUCESTER-MATHEWS HUMANE SOCIETY
TETANUS STATEMENT AND MEDICAL INSURANCE**

Because of the nature of duties of foster volunteering, the GMHS requires proof of an up-to-date tetanus vaccination. Please furnish a copy of such proof when submitting a volunteer application. If a pre-existing condition (allergy, etc.) would preclude you from receiving a tetanus vaccination, please consult your family physician before volunteering for more information on possible risks.

I have read and understand the above statement outlining the importance of tetanus vaccination. **I hereby agree to provide a copy of proof of vaccination to the GMHS with my volunteer application.**

Name: _____ Date: _____

Medical Information: You must have medical insurance to foster volunteer at the Gloucester-Mathews Humane Society. Please provide the following information:

Name of Insurance Company _____

Policy Number _____

Physician's name _____

Physician's telephone number _____

GLOUCESTER-MATHEWS HUMANE SOCIETY TERMS AND CONDITIONS

VOLUNTEER means a person who freely chooses and renders services to the Gloucester-Mathews Humane Society (GMHS) in a voluntary capacity for a civic, charitable, or personal motive, without promise or expectation of compensation, at hours that suit their own convenience.

1. I fully understand and agree that my services are provided strictly in a VOLUNTEER capacity.
2. I fully understand and agree to provide my services to the GMHS as a volunteer in a volunteer capacity without any express or implied promise of salary, commission, payment or compensation of any kind whatsoever. I fully understand and agree to provide my services to the GMHS as a volunteer in a volunteer capacity without any employment-type benefits, including but not limited to employment insurance programs, workers' compensation accrual in any form, or sick, holiday, or annual leave time.
3. I fully understand that the GMHS handles large numbers of animals of unknown temperament on a daily basis. I agree to hold the GMHS harmless from any liability for any injury(s), which I might sustain from handling animals during the course of my foster volunteer duties. I fully understand and agree to assume all risks involved in any and all duties that I perform for the GMHS in my volunteer capacity wither on-site at the shelter, off-site or in my home.
4. I agree to familiarize myself with the GMHS policies and procedures including specifically, policies and procedures for handling and treating animals safely and ethically, and to fully comply with these procedures.
5. I fully understand the GMHS expects high standards of moral and ethical treatment of the animals under its care. I agree to strictly adhere to these standards in my voluntary capacity at the GMHS.
6. I fully understand and agree that at its sole discretion GMHS may end the foster volunteer relationship for any reason.

I, _____, having fully read and understood the above definitions and terms, hereby agree to accept a position with the GMHS as a FOSTER VOLUNTEER performing volunteer duties out of generous and charitable motives in a VOLUNTEER CAPACITY.