

# Foster Application



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

- 1) Are you a minor? Yes  No  If yes, what is your age? \_\_\_\_\_ (You must be at least 14 years of age to volunteer)
- 2) Do you have any physical limitations? Yes  No   
If yes, please explain: \_\_\_\_\_
- 3) List allergies and other special medical requirements:  
\_\_\_\_\_
- 4) Why do you want to be a volunteer at Haven Humane Society?  
 School project/Senior project to be completed by: \_\_\_\_\_  
 For fun  Other (explain) \_\_\_\_\_  
\_\_\_\_\_
- Court-ordered community service:  
Hours needed: \_\_\_\_\_ by this date: \_\_\_\_\_
- 5) What kind of animals can you Foster?  
\_\_\_\_\_
- 6) Who will be responsible for the care of the Foster Pets? \_\_\_\_\_  
\_\_\_\_\_
- 7) Do you (or your Parents that you live with) own your home? Yes  No   
If not, What is your Landlord's Name? \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- 8) Do you have any other companion animals? \_\_\_\_\_  
If so, what are they and how many of each? \_\_\_\_\_
- 9) Are you able to keep the pets inside at night (Cats need to be kept inside at all times)? \_\_\_\_\_
- 10) Can you provide an enclosure & shelter for dogs? \_\_\_\_\_
- 11) Have you had an animal die on your premises in the last year? \_\_\_\_\_
- 12) Do you understand that you need to provide appropriate food for your Foster Pet at your own expense? \_\_\_\_\_

*(please complete back of form)*

Physical address:  
7449 Eastside Rd.  
Anderson, CA 96007

Mailing address:  
P.O. Box 992202  
Redding, CA 96009-2202

Phone: (530) 241-1653  
Fax: 241-4664  
rescue@havenhumane.org  
www.havenhumane.net

13) Do you understand that Haven Humane will preschedule all medical visits and preauthorize all veterinary expenses? \_\_\_\_\_

12) Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please indicate the nature of the crime(s), when, and where convicted, and disposition of case(s):



### Waiver of Liability

*Complete if 18 years or older:* I, \_\_\_\_\_, the undersigned, do hereby hold Haven Humane Society (HHS), its agents and employees harmless from any and all liability resulting out of my participation in volunteer programs at HHS, or as a passenger in any vehicle owned by or operated by HHS, and I do, further waive any and all claims against HHS which I have now or may have in the future, arising out of my personal participation in said programs, or as a passenger, and any future covenant not to sue HHS for damages resulting from participation in said programs either in the past or in the future.

*Complete if volunteer is a minor (less than 18 years of age):*

\_\_\_\_\_ has our permission to participate in volunteer programs at HHS, and I (we), as parent(s), or guardian(s) do hereby, for my son/daughter, myself, my heirs, executors and administrators, remise, release and forever discharge HHS and all officers, directors, employees, agents and volunteers of the organization, acting officially, or otherwise, from any and all claims, demands, actions, or causes or action which in any way arise from the minor's participation in the above noted events. I hereby certify that the minor is my son/daughter and that the date of birth is \_\_\_\_\_, and I do hereby certify to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

Print Name \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

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