



Dane County Humane Society

Companion Animal Foster Volunteer Application

Dane County Humane Society is currently recruiting Companion Animal Foster volunteers to support our mission **Helping People Help Animals**. Fill out one foster application per household, and include the information for the primary adult contact.

VOLUNTEER INFORMATION – Fill out one foster application per household. Select ONE adult to represent the household and provide their information on this application.

Legal Name: _____
Last First Middle (full)

Birth Date: _____ Driver's License #: _____

E-mail address: _____

E-mail is our preferred method of contact. Our e-mail may be blocked by your filters; please check your junk e-mail folders if you have not received an e-mail from us confirming receipt of your application within two weeks of submission.

Home (local) address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____ (Work): _____

May we call your work phone? Yes No May we send you a text on your cell phone? Yes No

Emergency contact: (Name, phone number & relationship) _____

BACKGROUND INFORMATION

Occupation and Employer: _____

Normal working hours: _____

Do you have transportation? Yes No

Have you volunteered with a Humane Society in the past? Yes No

If yes, please identify the name of the organization, the time period volunteered and what you did:

Are there any medical conditions that may affect your ability to perform certain tasks? Yes No

If yes, please explain: _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain:* _____

**All adult applicants will have background checks prior to beginning their volunteer commitment with Dane County Humane Society.*

As a foster parent we require a six month commitment and minimum fostering of one animal or group of animals during that time. Are you able to make this fostering commitment? Yes No

If no, please explain _____

****The need of fostering of companion animals fluctuates dependent upon seasonal population growth and our shelter's animal intake. Our highest needs are during the months of May through October, but foster families are ALWAYS needed.***

Special events hosted by staff and volunteers are held throughout the year, to raise money and awareness about the vital work we do. Would you like to know about our Special Event opportunities? Yes No

FOR ADMINISTRATIVE USE ONLY

APPROVED BY
FOSTER

FIRST
CONTACT:

POSITION:

ORIENTATION
DATE:

ENTERED IN
VOLGISTICS

HOUSEHOLD INFORMATION:

Do you rent your home? Yes No Do you have landlord permission to foster? Yes No

What is your landlord's name and phone number? _____

Do you own your home? Yes No If yes, is the property under your name? Yes No

If no, whose name is it under? _____

What is their relationship to you? _____

Does your place of residence: Have a fenced in yard? Have secure screens in the windows?
 If needed, can you isolate the foster animal in a separate room?

Do you travel often? Yes No If yes, how often? _____

How many hours can you devote to foster care during the: Day ___ Evening ___ Weekend ___

Are there any children in the home? Yes No

If yes, what are their ages? _____

Do you intend to have your children help with animal care? Yes No

Please describe your previous animal handling experience: i.e. medical care, socialization, training, weaning.

What are your feelings about euthanasia of homeless animals for health or temperament problems?

CURRENT HOUSEHOLD PETS

Animal's Name	Species	Breed	Age	Sex	Spayed or Neutered?	Health	Temperament (General Behavior)

How does your pet(s) react to new animals? _____

How does your pet(s) react to stressful situations, such as change in their daily routine?

We will need to verify your pet's vaccination status for both your animal and our foster animal's health protection.

Name of your veterinarian clinic: _____ Phone Number: _____

Are your animals current on the following vaccinations? Rabies Yes No Distemper Yes No

FOSTERING INTEREST - check any you are interested in:

Cats							Dogs						Critters						
URI	Kittens	Mom & Kittens	Injured/Recovering	Under-Socialized	Injectables/SQ Fluids	Neonates/Unweaned	Puppies	Mom & Litters	Injured/Recovering	Stressed	Under-Socialized	Neonates/Unweaned	Birds	Ferrets	Guinea Pigs	Reptiles	Rabbits	Rats	Small Rodents

Check ALL AVAILABLE days and times you are available

(This helps us to schedule upcoming trainings and know your availability for foster appointments.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-10am							
10am - noon							
noon - 2pm							
2-4pm							
3-5pm							
5-7pm							

Please identify other adults (18 years and older) living in the household, do not include the applicant's name

(All adults in the foster household will have background checks)

Last name	First name	Middle (full)	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER APPLICATION AGREEMENT: I certify that the statements made in this volunteer application are true and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, including for such purposes as criminal background checks, and I release the agency from any liability whatsoever for supplying such information. I also understand that I will not be paid for my services as a volunteer. In consideration of Dane County Humane Society accepting my application, or my child's, for participation in its programs, I agree to release and hold harmless Dane County Humane Society from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including without limitation, attorney's fees and disbursements, arising from or occasioned by my participation in Dane County Humane Society programs. I understand there are certain risks inherent in handling animals and I accept these risks. I agree that Dane County Humane Society may photograph my participation in this program and I hereby release any such photographs to Dane County Humane Society for use in its programs, publications and purpose.

• I agree to pay a \$20 non-refundable fee if I choose to become a volunteer at the volunteer orientation. _____ (Initials)

Applicant Signature: _____ Date: _____

Please mail application to:	Attn: Foster Team	or send by Fax:	(608) 838-0368
	Dane County Humane Society		or scan, sign and email to:
	5132 Voges Road		
	Madison, WI 53718		Revised 10-23-18