

**MONROE COUNTY FRIENDS OF ANIMALS  
FOSTER APPLICATION**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Are you interested in fostering a Dog \_\_\_\_\_ Cat \_\_\_\_\_ Both \_\_\_\_\_

Are you over age 18 and Single \_\_\_ Married \_\_\_ Living with friends \_\_\_ with parents \_\_\_

If living with other adults, how do they feel about fostering an animal? \_\_\_\_\_

Are there children in your household? \_\_\_\_\_ Age(s) \_\_\_\_\_

Do you live in a house \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Apartment \_\_\_\_\_

If you rent, do you have written permission from your landlord to foster an animal? \_\_\_\_\_

Do you have a yard? \_\_\_\_\_ Is there a fence? \_\_\_\_\_

Do you currently have and pets? \_\_\_\_\_ How Many Dogs(s) \_\_\_\_\_ Cat(s) \_\_\_\_\_

Ages of current Dog(s) \_\_\_\_\_ Breed \_\_\_\_\_

Ages of current Cat(s) \_\_\_\_\_ Breed \_\_\_\_\_

Are all current pets up to date on shots? \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Size preference: Small \_\_\_\_\_ Medium \_\_\_\_\_ Big \_\_\_\_\_ No preference \_\_\_\_\_

Where will foster animal stay during the day? \_\_\_\_\_

Where will foster animal sleep at night? \_\_\_\_\_

Will the animal be left alone during the day? \_\_\_\_\_ For how long? \_\_\_\_\_

Please provide a reference: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If you have current pets, which veterinarian do you use: \_\_\_\_\_

May be contact his/her office? \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Indemnity Agreement and Waiver

WHEREAS, *MCFA* uses volunteers in many capacities including, but not limited to, assisting at the *MCFA Thrift Store* and interacting with animals at the animal shelter or elsewhere

WHEREAS, the *Volunteer* agrees to perform their volunteer activities in a safe manner. *Volunteer* is aware of the risks, dangers, hazards associated with being a volunteer and warrants that she/he has no physical or health related problems that would preclude any activities with animals.

NOW THEREFORE, in consideration of the premises, *Volunteer* hereby agrees to indemnify *MCFA* and its Officers, Director, and other volunteers against any claim or loss incurred by the *Volunteer* or anyone claiming by or through the *Volunteer* while performing their duties as a volunteer. He/she waives any right to any claim against *MCFA* for injury, disease, or any other matter that might be associated with their services.

The volunteer certifies by signing below that they have read and fully understand this waiver and release form and have signed it voluntarily with full knowledge of its significance.

Name (please print) \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Return this form to the shelter front desk, the Thrift Store, mail to *MCFA*, P.O. Box 106, Vonore, TN 37885. Or email with Application to: [MCFA37885@gmail.com](mailto:MCFA37885@gmail.com) \*\*\*You will be contacted in a few days.

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**This section for trainer use:**

Trainer's Name, Signature & Date \_\_\_\_\_

Orientation Date (dd/mm/yy) \_\_\_\_\_ Agreed upon time & dates for volunteering \_\_\_\_\_