

**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 ***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 \_\_\_\_\_