



## West Coast Dog and Cat Rescue Feline Foster Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Reason for interest in being a foster parent: \_\_\_\_\_

\_\_\_\_\_

Do you:  Own  Rent  Other, please explain \_\_\_\_\_

If you rent do you have landlord's permission to house a cat(s)?  Yes  No

What percentage of the time will the cat be left alone? \_\_\_\_\_

Where will it be left when alone? \_\_\_\_\_

What area(s) of the house will the cat be allowed in? \_\_\_\_\_

Where will the cat sleep at night? \_\_\_\_\_

Do you have a fenced yard?  Yes  No

Is the fence cat proofed? \_\_\_\_\_ What type? \_\_\_\_\_

Are you willing to foster a special needs cat?  Yes  No

Do you have any pets? Please explain \_\_\_\_\_

Are there children in the house?  Yes  No What age(s): \_\_\_\_\_

Are you willing to foster a cat that is,

Not litter box trained  Yes  No

Not dog friendly  Yes  No

Not cat friendly  Yes  No

Not child friendly  Yes  No

De-clawed  Yes  No

Do you have breed, age, or sex preference? \_\_\_\_\_

Under what circumstance(s) would you have to give up your foster cat(s)?

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To be completed by WCDC staff

Volunteer application complete and signed \_\_\_\_\_ Date \_\_\_\_\_

Interview \_\_\_\_\_ Date \_\_\_\_\_

Home check \_\_\_\_\_ Date \_\_\_\_\_

Landlord approval \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

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**Please read the following carefully before signing.**

I understand that this is an application to West Coast Dog and Cat Rescue and is neither a promise of nor a commitment to any volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with West Coast Dog and Cat Rescue that is true, correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with West Coast Dog and Cat Rescue or my termination from a present or future volunteer position.

**WAIVER**

I recognize and understand the inherent risks associated with the care of animals, including but not limited to the possibility of any injury to person and/or property which I may suffer as a result of the unpredictable nature and/or provocation of animals. I understand that rescue animals may carry transmissible diseases which may be spread to my personal pets. I agree to take the proper precautions to minimize these risks. I will not hold WCDC responsible for any illness to my personal pet or any other animal under my care as a result of cross contamination from a WCDC animal. I further understand that West Coast Dog and Cat Rescue carries no personal and/or liability insurance for volunteers and that I should obtain such from a personal source should I require it.

I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits if or when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

In consideration of the mutual promises of the parties contained in this Waiver, or of the acts to be performed by either, the parties agree that I hereby knowingly and voluntarily waive any and all claims, damages or causes of action which I may have or incur against West Coast Dog and Cat Rescue, its officers, directors, agents, affiliates and employees as a result of my donation of time and effort.

This Waiver shall be binding upon the parties hereto, their heirs, assigns and legal representatives

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

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years of age)

Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Witness must be WCDC staff)