Foster Parent Application Form

Please return completed applications to the Foster Coordinator at 4505 77th street, Red Deer, AB, T4P 2J1 or via e-mail at foster@cahumane.com Fax: 403-341-3147

Name:___________________________ Email:__________________________________________
*Preferred method of communication

Address:________________________ City:________________________________________

Province:________________________ Postal Code____________________

Best number to reach you at:___________________ Over 18: Y___ N___

Emergency Contact:_______________ Do you have a valid driver’s license? Y____ N____

Are you willing and able to transport animals in your personal vehicle? Y____ N____

What types of animals are you interested in fostering and have experience with? (Please be specific. For example: cats, dogs, rabbits, baby animals, adult animals, etc.)

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Check for YES:
Experience handling/training animals? ☐
Experience with dispensing medications? ☐
Experience handling ill/behaviourally challenged animals? ☐
Taken a pet first aid course? ☐
Bottle fed an animal? ☐
Nursed an animal with a particular illness? ☐
If so please explain,________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

September 2017
Please tell us about the other members of your household:
*Please note all members need to be okay with fostering

Name:______________________________  Age:_____________
Name:______________________________  Age:_____________
Name:______________________________  Age:_____________
Name:______________________________  Age:_____________
Name:______________________________  Age:_____________
Name:______________________________  Age:_____________

Does any member of your household have allergies/asthma? Y____ N_____

If yes, please explain:____________________________________________________

Please describe the activity level in your household: Low____ Medium____ High_____ 

If children do not live in your home, are there children visiting frequently? Y___N___

Do you rent your home? Y__ N__ If yes, do you have written landlord permission to have animals? ______________________________________________________

Please tell us about your home for example acreage/city, spare rooms/ basement, fenced yard (type and height)/dog run etc. and how many hours a day your foster animal will be alone. Also where you would want to house the foster animal while they stay with you.

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Please list all your current pets, including breed, gender, age, spayed or neutered, vaccinations:

* ____________________________  * ____________________________
* ____________________________  * ____________________________
* ____________________________  * ____________________________
* ____________________________  * ____________________________

*Proof of up-to-date vaccinations may be required.

September 2017
Some animals that require fostering have been taken in by the CAHS for Emergency Boarding. The Emergency Boarding Program is for owned animals placed in our care while their owners get back on their feet. Can you foster any of these animals? Y_____ N_____

Are you willing to take the time to work through issues such as house breaking, behavioural, health conditions should they arise and understand that animals may cause damage to carpets, furniture, flooring, vehicles and belongings, etc.? Y_____N_____

Do you agree to animal proof your house while you are fostering? This includes storing away all items you do not want damaged, storing away chemicals safely, keeping all small items picked up so they will not be swallowed? Y____N____

Furthermore, do you agree to relieve and absolve the Central Alberta Humane Society and any of its members of any responsibility for said damages, should they occur? Y____N____

I understand that being a foster for Central Alberta Humane Society, it is my responsibility to be aware of and abide by all current regulations pertaining to the Foster Program. I understand that all animals that I foster through the CAHS are the property of CAHS and will remain so until such time as the animal is legally adopted through the CAHS. I understand that the CAHS reserves the right to inspect my home at any time and may remove foster animals at their discretion.

Initial ______

I have carefully read the above information and answered all questions honestly. I understand that omission of information, untruthful responses, and not signing the application are all reasons for application to be denied or your volunteer status to be revoked.

Signature: __________________________

Date: __________________________

OFFICE USE ONLY

Approved by: _______________________ Date: _______________________

Signature of Foster Coordinator or Animal Care Manager: _______________________

Date of Foster Parent Orientation/ Interview: _________________________________

Date of Home Inspection: ___________________________________
VOLUNTEER WAIVER FORM

OF

CENTRAL ALBERTA HUMANE SOCIETY

The undersigned, in acting as a Foster volunteer for the Central Alberta Humane Society, releases from any and all liability relating to injuries that may occur. By signing this agreement, I agree to hold Central Alberta Humane Society entirely free from any liability, including financial responsibility for injuries or damages incurred, regardless of whether injuries or damages are caused by negligence.

The undersigned hereby acknowledges the risk inherent in the handling of animals, domesticated or wild, and hereby willingly accept all such risks, if at such time the undersigned is asked to. I swear that I am participating voluntarily, and that all risks such as lifting goods and products have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed. This Release and Indemnity shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

The Central Alberta Humane Society accepts no responsibility for loss or damage to persons or property on the premises.

I, __________________________ fully understand and agree to the above terms.

________________________________________
Participants Signature  Date

________________________________________
(Parent/Guardian Signature if under 18 years of age)

This document is to be signed by all persons volunteering for the Society and must be signed by the Parent/Guardian of all participants under the full age of eighteen (18) years.

September 2017
OATH OF CONFIDENTIALITY
FOR FOSTER VOLUNTEERS

As a condition of my work as a Foster volunteer of the Central Alberta Humane Society, I therefore agree to the following:

i. I have an obligation to maintain the confidentiality of sensitive or competitive information gained in the course of my fostering and will not use this confidential information to gain financially or to secure privileges or consideration for my own interests.

ii. I will not engage in any activities that conflict with the interests of or that may adversely affect the reputation of the Central Alberta Humane Society or that may interfere with the fulfillment of my job at the Central Alberta Humane Society.

iii. I will immediately declare to my Supervisor any possible conflict of interest that I become aware of.

iv. I will avoid any arrangement or circumstance, including personal relationships that may compromise my judgment and my ability as a Foster volunteer to act honestly, in good faith and in the best interest of the Central Alberta Humane Society.

v. I understand that continued involvement or involvement without declaration in actual or potential conflict of interest affiliations may result in termination of my association with the Central Alberta Humane Society.

vi. I will adhere to all restrictions on confidentiality, to not take pictures of any animals nor talk about any animals for the safety of the animals, staff and myself. I will not make public statements to the media expressly or impliedly. I will not share stories, pictures or information to social media or with friends etc.

OATH OF CONFIDENTIALITY
FOR FOSTER VOLUNTEERS

I, ______________________________ affirm that I have read, understood, and agree to comply with the policies and procedures of the Central Alberta Humane Society as they are outlined in the Foster Volunteer Guidelines.

I understand that compliance with these polices and producers is important to preserve that quality of service offered to our clients, and critical to the safety and well-being of the Central Alberta Humane Society volunteers, clients, staff and the general public. Further, I understand that any breach of agency policies and procedures will be taken seriously, and could be cause for dismissal.

__________________________________________  ______________________________
Volunteer Name (Please Print)  CAHS Staff (Please Print)

__________________________________________  ______________________________
Volunteer Signature  CAHS Staff Signature

__________________________________________  ______________________________
Date  Date

September 2017