



## Friends of Coos County Animals Inc. (FOCCAS) Foster Volunteer Application and Waiver

Full Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Are you age 18 or older? \_\_\_\_\_ # Adults in household \_\_\_\_\_ Children \_\_\_\_\_  
Age(s) \_\_\_\_\_

Please circle: Own or Rent House Apt Mobile Home Condo Trailer

If renting, does your landlord allow pets or more than allowed number of pets at your address? Y N

Landlord name/ phone number \_\_\_\_\_

What types of animals have you had experience with?

\_\_\_\_\_

Types of Pets you have or have had:

| Type of Pet/Name | Spayed/Neutered | Ages | Current Vaccinations | Years Owned |
|------------------|-----------------|------|----------------------|-------------|
|------------------|-----------------|------|----------------------|-------------|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are they inside or outside pets? \_\_\_\_\_

Where do they sleep at night? \_\_\_\_\_

Veterinarian's name / clinic

\_\_\_\_\_

Are you able to provide transportation to Vet's, Festivals, Mall, and other FOCCAS Events? \_\_\_\_\_

What species of foster animal would you prefer to foster

\_\_\_\_\_

\_\_\_\_ adult \_\_\_\_ teenage \_\_\_\_ neonatal \_\_\_\_ orphaned \_\_\_\_ ill or injured  
\_\_\_\_ kittens/pups

Please list the area's in your home where your foster animal will be kept:

\_\_\_\_\_

\_\_\_\_\_

Where will your foster animals be kept when you are NOT at home, and for how long?

\_\_\_\_\_

\_\_\_\_\_

How much time during the day can you spend interacting with the foster animal?

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Do you have a fenced yard for dogs? \_\_\_\_\_  
Height of fence \_\_\_\_\_

Where would your foster animal(s) sleep at night?

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Length of time you would be willing to foster? \_\_\_\_\_  
Do you travel often? \_\_\_\_\_

Would you be willing to have an initial home visit done and occasional visits there after?

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Do you have necessary items for fostering (crate, food dish, bed, toys)? \_\_\_\_\_  
if not, please list what items FOCCAS will need to supply \_\_\_\_\_

Do you have any other skills/talents useful for Volunteer work?

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**FOCCAS volunteer and waiver:**

**RESPONSIBILITIES:**

- Provide a clean nurturing, indoor home for the cat or dog, pending adoption.
- Maintain a clean and safe environment for animals at all times.
- Provides constant and humane care for the animals.
- Communication with other volunteers by e-mail or phone.
- Bring the animals to volunteer's home when vaccinations or routine treatment is needed.
- Give medication as needed. We can train.
- Bring animals to off site adoptions as scheduled when available for adoption.

Friends of Coos County Animals, Inc. (FOCCAS) will provide for animal's food, litter, litter boxes, veterinary care, and medications and provide a Foster Handbook. If foster volunteers would like to pay for needed supplies or additional items, FOCCAS can provide a receipt for tax deduction purposes. Cages and crates may be provided when available.

Volunteers are to be advised that the activity of working with animals can be dangerous and unpredictable. FOCCAS cannot be held liable for any injuries or accidents that may occur as a result of fostering or volunteering. Here are some examples, which are not inclusive:

- Bites or scratches from dogs, cats, rabbits, rodents, and birds
- Being knocked down or pulled excessively by a dog
- Orthopedic or soft tissue injuries resulting from walking or running a dog on a leash
- Slips/trips/falls resulting from wet floors/kennels or equipment
- Hitting heads on objects such as cage doors/kennel walls/hose boxes, etc.
- Water or cleaners sprayed in eyes
- Injuries resulting from cage doors, equipment, etc.
- Flea/tick bites or ringworm infestation
- Internal or external parasites
- Illness contracted by other animals in your household from fostered animals
- Zoonotic illnesses (human illness contracted from animals)
- Animal illness exposure to animals at home
- Injuries related to lifting animals, food, litter, or equipment
- Injuries caused from grooming equipment-such as clipper blades, shears, and driers
- Exposure to cleaners, latex gloves, bleach, parasite control products
- Exposure to or incidents relating to the public (outbursts, inappropriate contact)
- Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact)
- Loss of personal property
- Any type of damage to car while transporting animals
- Damage to clothing from animals, cages, chemicals, etc

•Any other illness or injury related to fostered animals.

Most of our foster animals come from the Coos County Animal Shelter. Many have unknown background information. We may obtain some cats that were abandoned. FOCCAS may also receive dogs or cats by owner surrender. We do not take in stray dogs; they need to go through the Coos County Animal Shelter system. Sometime FOCCAS will have SPECIAL NEEDS animals for fostering until they are adoptable. These may be underage kittens/puppies, Momma with litters (cats or dogs), dogs or cats needing medical care such as mange, broken limbs, intestinal parasites, underweight and poorly socialized.

I/WE UNDERSTAND THE ANIMALS BEING FOSTERED BELONG TO FOCCAS INC. and I/WE have read and agree to ALL of the responsibilities and terms listed above:

Signature(s)

Date \_\_\_\_\_

Signature(s)

Date \_\_\_\_\_

**FOCCAS \* Friends of Coos County Animals, Inc. \* PO Box 911 \* Coos Bay, OR. \* 97420-0299 \* 541-269-1989\* Revised 9/09**

FOCCAS volunteer and waiver cont.

## **Consent, Release, Indemnification and Hold Harmless Agreement**

In consideration of the services of Friends of Coos County Animals Inc. (here as known as FOCCAS), its employees, directors, agents, officers, volunteers, participants, fosters and all other persons or entities acting in any capacity on their behalf, and for other good and valuable consideration, I hereby agree to release and discharge them from any and all liability arising from negligence, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate (known individually as "Indemnity" and collectively as "Indemnities") as follows:

1. I acknowledge that animal rescue operations entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death to me and other persons, and also property damage. Risks include, among other things: bites, broken bones, scratches, torn skin, bruises, and damaged clothing or other property. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I have read the Volunteer Application risks.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity or as a result of contact with or adoption of an animal. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FOCCAS Inc. from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, my use of their equipment or facilities, my adopting an animal, or my volunteering at this animal rescue operation, arising from negligence. This release does not apply to claims arising from gross negligence or intentional conduct. Should FOCCAS Inc. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself.
5. In the event that I file a lawsuit, I agree to do so solely in the state of Oregon, and further agree that the substantive law of Oregon shall apply in this action.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence from which I have released them herein.

I have had sufficient time to read this entire document, understand its contents, and I agree to be bound by its terms. I certify that the statements made in this volunteer application are true and have been given voluntarily. I understand that this information will be held in the strictest confidence, and I release FOCCAS Inc. from any liability whatsoever for supplying such information. I also understand that I will not be paid for my services as a volunteer. I give FOCCAS Inc. permission to verify the credentials that I have presented.

I understand that any and all foster animals in my care while I am volunteering belong to FOCCAS Inc. and must be returned immediately upon request.

Signature(s)

Date \_\_\_\_\_

Signature(s)

Date \_\_\_\_\_

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