

Geauga Mama Dogs and Pups
P.O. Box 107 Burton, Ohio 44021
Non-Profit Organization 501c3 EIN 82-2472334

FOSTER VOLUNTEER APPLICATION AND AGREEMENT

In order to be considered to volunteer through GMDAP, you must:

- complete a Foster Volunteer Application and Agreement
- join the Geauga Mama Members Facebook page after approved
- complete a phone interview with a foster care coordinator, if requested

PERSONAL INFORMATION (Please print):

Name: _____ Date: _____

Are you over 21 years of age? Yes ____ No ____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Email: _____

Emergency Contact Name and Phone Number: _____

HOUSEHOLD INFORMATION:

How many people reside in your household? _____

Number of adults over the age of 21 (including you): ____ Number of children (under 21): _____

Age(s) of child(ren): _____

Check all that apply.

Does anyone in your family have allergies to dogs? Yes ____ No ____

Do you live in a: House ____ Apartment ____ Condo ____ Townhouse ____ Duplex ____ Mobile Home ____

Do you: Own ____ Rent ____ Lease ____

**As a foster, it is your responsibility to make sure that you have homeowner's or renter's insurance that will cover any damage to your property by the fostered animal.*

If renting/leasing, are there pet restrictions? Yes ____ No ____ N/A ____

If you rent, are you able to provide a signed letter from the landlord stating that you are allowed to have a dog(s) on the property? Yes ____ No ____ N/A ____

CURRENT PETS: Please use the back of this application if you need more space.

Please list all pets currently residing in the home, including small, caged, and barnyard animals.

Type of Pet	Age	Neutered/Spayed	Sex (M/F)	Dog Friendly (Y/N)

*If any of your current pets are not fixed, please explain why:

All animals in your home must be up to date on vaccinations.

Are your dogs current on their vaccines (Rabies, Bordetella, DHLPP)? Yes _____ No _____ N/A _____

Please describe the flea and Heartworm medication are you currently using on your pets?

Are your current pets comfortable and unaggressive with puppies who come into your home?

Yes _____ No _____ Unsure _____ N/A _____

Who will be the primary caretaker of your foster puppies? _____

How many hours during the AVERAGE day will the puppies spend alone at home? _____

Describe your yard: No yard _____ Unfenced yard _____ Partially fenced yard _____ Completely fenced yard _____

FOSTER AND DOG OWNERSHIP EXPERIENCE

Do you have previous foster experience? Yes _____ No _____

If yes, with which organization?

Are you still a foster for that organization? Yes _____ No _____

Please provide contact information for your current veterinarian. If you don't have one, please list your previous veterinarian.

Name _____ Phone number _____

*Be sure to authorize your veterinarian to share information with GMDAP upon request.

Do you have dog or puppy experience with any of the following situations:

treating ongoing medical issues Yes _____ No _____

veterinary care Yes _____ No _____

giving pills/oral medication Yes _____ No _____

giving vaccinations Yes _____ No _____

treating mange Yes _____ No _____

behavioral training (crate training, potty training, etc.) Yes _____ No _____

bottle-feeding Yes _____ No _____

weaning (transition from bottle to food) Yes _____ No _____

whelping and raising newborn puppies Yes _____ No _____

We have experienced volunteers in our group who can help you with any challenges that come up. What situations do you feel unprepared for? _____

FOSTER VOLUNTEER AGREEMENT

Please read the policies of GMDAP carefully and indicate that you understand and agree to adhere to each policy as stated by providing your initials and signature below.

I understand that (initial each line):

_____ Completion of this application does not guarantee that I will be approved to foster puppies with GMDAP.

_____ While dogs or puppies are in my home, they will remain the property of GMDAP and cannot be promised or offered to any potential adopter.

_____ A representative from GMDAP may visit my home upon request.

_____ GMDAP cannot treat my personal animals should they be exposed to a disease or illness by foster pets.

_____ Fosters may not take any foster animals to the veterinarian without the express approval of a foster care coordinator.

_____ Fosters may not transfer an animal in their care to another person without permission of a foster care coordinator.

_____ All fees and monies donated for adoptions and fees will be remitted to the treasurer or an officer of GMDAP.

_____ Although GMDAP takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior or actions.

_____ I receive foster care animals at my own risk.

_____ I may decline to accept any animal for which GMDAP has asked me to provide care.

_____ We are in the business of helping all dogs and puppies. Fosters are expected to take puppies as they come rather than expecting to "pick" puppies to foster.

_____ GMDAP will provide all medication, vaccinations, and food for our foster animals. Other supplies may be available at the barn.

_____ GMDAP is not responsible for any property damage, personal injury, or disease suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and assume liability to provide adequate controls to prevent such damage or injury.

As a foster, I agree (initial each line):

_____ Not to foster dogs or puppies for any other organization while foster animals from GMDAP are in my care.

_____ To promptly respond to communication from a foster or adoption coordinator.

_____ To immediately report any physical, health or other difficulties with a foster animal in my care.

_____ To provide a safe and healthy environment for foster animals in my care.

_____ To supervise my personal pets and children in my home during all interactions with the foster animals to ensure the safety of all.

_____ To always supervise foster animals when outdoors, either in a fenced yard, exercise pen or on leashes.

_____ Not to take foster animals to a dog park, store, freeway rest area or any other place where they may be exposed to unvaccinated dogs.

_____ To return all supplies and equipment to GMDAP when I am no longer planning to foster.

_____ To provide safe transportation of foster animals to and from the GMDAP location in Parkman.

_____ To return puppies on the appointed date or as requested

_____ To return foster animals to the Parkman location, unless returning to the partner APL has been approved by the director.

_____ To provide the scheduled care outlined in the Guidelines, including medication and vaccinations (with support as required).

_____ To complete the medical form in its entirety

_____ To provide the completed medical forms when I return my foster puppies

_____ To email the name of each foster puppy, along with a picture and any personality and behavior information to the destination APL partner or Parkman location.

_____ I warrant that I have accurately and honestly completed this form.

_____ As a volunteer with GMDAP, I hereby release Geauga Momma Dogs and Puppies, its officers, trustees and employees from any and all liabilities, claims, demands, suits, actions and causes of which actions may arise out of working as a volunteer. The undersigned further acknowledges that his/her work as a foster care provider will involve contact with animals that may bite or otherwise cause injury to person(s) and/or property damage. The undersigned assumes the risk of injuries incurred or property damage as a volunteer with Geauga Momma Dogs and Puppies in executing this Waiver and Release.

I have read and understand the statements above. I certify that all the information contained in the application is true and correct.

Signature_____

Date_____

Print name _____

Foster: Please keep a copy of this document for your records.

GMDAP Representative _____

Date_____