

Welcome to the Reach Out Rescue, NFP Foster Program

## Foster Application

Thank you for volunteering with Reach Out Rescue, NFP. We are excited to have you join our family of volunteers and staff members who have a strong passion for animal welfare.

Please complete this form to help us determine the best foster opportunity for you, within our organization.

Date: \_\_\_\_\_

### **APPLICANT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Type of Residence:

- House    Apartment    Townhouse    Condo    Trailer  
 Rent    Own

Landlord's Info:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pet Policy: \_\_\_\_\_

Do you have a fenced in backyard?    Yes    No

If yes, how high is your fence?    4 feet    6 feet

What type of fencing do you have?    Chain Link    Iron    Privacy

Approximately how big is your yard? \_\_\_\_\_

Years at present address:

- 0-2 yrs    2-4 yrs    4-6 yrs    6+ yrs

Please list all Adults in home (please use additional paper if needed):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Please list all minor children in your home (please use additional paper if needed):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

In the last 5 yrs, how many pets have you had? \_\_\_\_\_

What type of pets were they and where are they today? \_\_\_\_\_

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Please list all of your current pets (please use additional paper if needed):

| Name                 | Age                  | Breed                | M/F                  | Spay/Neutered Date   | Next Vaccination Date |
|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

| Name                 | Age                  | Breed                | M/F                  | Spay/Neutered Date   | Next Vaccination Date |
|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

| Name                 | Age                  | Breed                | M/F                  | Spay/Neutered Date   | Next Vaccination Date |
|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

Please provide us with the name and number of your Veterinarian:

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

Whose names are your vet records under? \_\_\_\_\_

## **FOSTER AREAS OF INTEREST**

*Please check all the animals you are interested in fostering:*

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Orphaned Kitten(s) | <input type="checkbox"/> Adult Cat    |
| <input type="checkbox"/> Pregnant Cat       | <input type="checkbox"/> Military Cat |
| <input type="checkbox"/> Orphaned Puppy(s)  | <input type="checkbox"/> Adult Dog    |
| <input type="checkbox"/> Pregnant Dog       | <input type="checkbox"/> Military Dog |

## **FOSTER APPLICANT QUESTIONS**

Please tell us why you would like to volunteer with Reach Out Rescue (please be specific):

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Where will your foster pet be kept while you are away from your home?

- Crate     Loose in Home     Outdoors     Separate Room

How long will your foster pet be alone during the day?

- 0-2 hrs     2-4 hrs     4-6 hrs     6+ hrs

Where will your foster pet be kept at night?

- Crate     Loose in Home     Outdoors     Separate Room

Do you have any upcoming life altering events that may affect your fostering status?

*Please check all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> New Baby                   | <input type="checkbox"/> Move             |
| <input type="checkbox"/> Career Change              | <input type="checkbox"/> Marriage/divorce |
| <input type="checkbox"/> Other (please be specific) |   |

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Please list any volunteer groups you are interested/involved with (Other Animal Groups, etc.)

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Please provide any additional skills you may have that you think would contribute to Reach Out Rescue:

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Please provide us with two references. Please do not list people whom are related to you.

Ref. 1

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Years known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Ref. 2

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Years known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Thank you SO very much! We are thankful to have such devoted supporters, foster parents, and volunteers. Together we can make a big difference in the lives of homeless pets.*

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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Signature of Parent/Guardian if under the age of 21 years old.

*Please scan and email this foster application to Nikki, our Foster Coordinator, at **[nkoth@rornfp.org](mailto:nkoth@rornfp.org)**.*

*You may also fax it to us at **708-234-7309**.*

**Thank you for your time**