



BLOOMFIELD ANIMAL SHELTER VOLUNTEER FOSTER APPLICATION

Bloomfield Animal Shelter
61 Bukowski Pl
Bloomfield, NJ 07003

P: 973-748-0194 | E: volunteeratbas@gmail.com
www.bloomfieldshelter.com

PLEASE PRINT LEGIBLY

PERSONAL INFORMATION:

Full Name:	Date:
Email Address:	Phone #:
Address:	Please Circle One: Rent/Own
City:	State/Zip:
Occupation:	Employer:
Emergency Contact Name/Relation:	Emergency Contact #:

GENERAL INFORMATION:

Circle your residence type: Single Family Home Multi Family Home Apartment Other	
Renters must provide landlord name and contact #:	
How many adults live in household:	
How many children live in household:	Ages _____
Does anyone in household have known allergies to animals (please circle one): Yes/No	
If applicable, please list types of pets you currently have in household:	
Type Breed M/F Age Spayed/Neutered Up to date on vaccinations	
_____ _____ _____	
Please list current Veterinarian: Name _____ # _____	

FOSTER PREFERENCES & EXPERIENCE

PLEASE CHECK ALL THAT APPLY

<p>Prefer Kittens/Cats</p> <p><input type="checkbox"/> Pregnant Female</p> <p><input type="checkbox"/> Mom & Nursing Kittens</p> <p><input type="checkbox"/> Nursing Kitten(s) Only 0-10 weeks</p> <p><input type="checkbox"/> Kitten 2-7 months</p> <p><input type="checkbox"/> Adult Cat 8 months & up</p> <p><input type="checkbox"/> Senior Cat</p> <p><input type="checkbox"/> Terminally Ill (any age)</p> <p><input type="checkbox"/> Temporary Medical/Recuperation (any age)</p> <p><input type="checkbox"/> Unsocialized/Behavior Issues (any age)</p>	<p>Prefer Puppies/Dogs</p> <p><input type="checkbox"/> Pregnant Female</p> <p><input type="checkbox"/> Mom & Nursing Puppies</p> <p><input type="checkbox"/> Nursing Puppy Only 0-10 weeks</p> <p><input type="checkbox"/> Puppy 2-7 months</p> <p><input type="checkbox"/> Adult Dog 8 months & up</p> <p><input type="checkbox"/> Senior Dog</p> <p><input type="checkbox"/> Terminally Ill (any age)</p> <p><input type="checkbox"/> Temporary Medical/Recuperation (any age)</p> <p><input type="checkbox"/> Unsocialized/Behavior Issues (any age)</p>		
<p>I will foster an animal with the following known traits:</p> <p><input type="checkbox"/> not housebroken</p> <p><input type="checkbox"/> aggression towards adults</p> <p><input type="checkbox"/> known history of abuse</p> <p><input type="checkbox"/> medical issues that require routine administering of prescription medications</p> <p><input type="checkbox"/> separation anxiety – may cause damage to property, bark for long periods of time</p> <p><input type="checkbox"/> aggression towards children</p> <p><input type="checkbox"/> aggression towards other animals</p> <p><input type="checkbox"/> known history of biting</p>			
<p>Are you experienced with any of the above traits? If so, please explain:</p> 			
<p>FOSTER EXPERIENCE:</p> <table border="0"><tr><td><p>Kittens/Cats</p><p><input type="checkbox"/> Pregnant Female</p><p><input type="checkbox"/> Mom & Nursing Kittens</p><p><input type="checkbox"/> Nursing Kitten(s) Only 0-10 weeks</p><p><input type="checkbox"/> Kitten 2-7 months</p><p><input type="checkbox"/> Adult Cat 8 months & up</p><p><input type="checkbox"/> Senior Cat</p><p><input type="checkbox"/> Terminally Ill (any age)</p><p><input type="checkbox"/> Temporary Medical/Recuperation (any age)</p><p><input type="checkbox"/> Unsocialized/Behavior Issues (any age)</p><p><input type="checkbox"/> Other _____</p></td><td><p>Puppies/Dogs</p><p><input type="checkbox"/> Pregnant Female</p><p><input type="checkbox"/> Mom & Nursing Puppies</p><p><input type="checkbox"/> Nursing Puppy Only 0-10 weeks</p><p><input type="checkbox"/> Puppy 2-7 months</p><p><input type="checkbox"/> Adult Dog 8 months & up</p><p><input type="checkbox"/> Senior Dog</p><p><input type="checkbox"/> Terminally Ill (any age)</p><p><input type="checkbox"/> Temporary Medical/Recuperation (any age)</p><p><input type="checkbox"/> Unsocialized/Behavior Issues (any age)</p><p><input type="checkbox"/> Other _____</p></td></tr></table>		<p>Kittens/Cats</p> <p><input type="checkbox"/> Pregnant Female</p> <p><input type="checkbox"/> Mom & Nursing Kittens</p> <p><input type="checkbox"/> Nursing Kitten(s) Only 0-10 weeks</p> <p><input type="checkbox"/> Kitten 2-7 months</p> <p><input type="checkbox"/> Adult Cat 8 months & up</p> <p><input type="checkbox"/> Senior Cat</p> <p><input type="checkbox"/> Terminally Ill (any age)</p> <p><input type="checkbox"/> Temporary Medical/Recuperation (any age)</p> <p><input type="checkbox"/> Unsocialized/Behavior Issues (any age)</p> <p><input type="checkbox"/> Other _____</p>	<p>Puppies/Dogs</p> <p><input type="checkbox"/> Pregnant Female</p> <p><input type="checkbox"/> Mom & Nursing Puppies</p> <p><input type="checkbox"/> Nursing Puppy Only 0-10 weeks</p> <p><input type="checkbox"/> Puppy 2-7 months</p> <p><input type="checkbox"/> Adult Dog 8 months & up</p> <p><input type="checkbox"/> Senior Dog</p> <p><input type="checkbox"/> Terminally Ill (any age)</p> <p><input type="checkbox"/> Temporary Medical/Recuperation (any age)</p> <p><input type="checkbox"/> Unsocialized/Behavior Issues (any age)</p> <p><input type="checkbox"/> Other _____</p>
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<p>What organization did you previously foster for: _____</p>			
<p>When did you foster and for how long: _____</p>			



BLOOMFIELD ANIMAL SHELTER VOLUNTEER FOSTER AGREEMENT

I certify that:

- I am at least 18 years old.
- I have prior pet ownership experience.
- My current pets are up to date on vaccinations.
- I have appropriate facilities to house the animal(s).
- I will feed, groom, and medicate the foster animal as instructed by shelter staff.
- I will bring the foster animal to the shelter and/or veterinarian hospital as instructed.
- I will return the foster animal to the shelter once the approved time frame has expired.
- I understand that if I don't bring the foster animal to the shelter and/or veterinarian hospital as instructed, the animal will be seized and authorities will be notified.
- I understand that it is my responsibility to pay for out of pocket expenses during the foster time period, such as food, litter, toys, etc.
- I will notify the Bloomfield Animal Shelter staff immediately of any concern or incident.

PRINT NAME

SIGNATURE

DATE

BLOOMFIELD ANIMAL SHELTER VOLUNTEER FOSTER RELEASE WAIVER

I will hold the Bloomfield Animal Shelter harmless in the event of any injury or harm sustained as a result of fostering an animal. I understand that under BAS Worker Compensation Policy, volunteers are not eligible for coverage for injuries sustained while volunteering for the shelter or any other BAS sponsored events. **(PLEASE INITIAL HERE)** _____

I waive all claims against the Bloomfield Animal Shelter, the Township of Bloomfield and County of Essex or the State of New Jersey, and/or their members, directors, employees and volunteers for all personal injury and property damages resulting from volunteer work for the Bloomfield Animal Shelter. **(PLEASE INITIAL HERE)** _____

I, understand, acknowledge and agree to this contract. I understand that if I breach this contract, I could face discharge from volunteer foster service, and possible legal action.

PRINT NAME

SIGNATURE

DATE



BLOOMFIELD ANIMAL SHELTER VOLUNTEER FOSTER CONFIDENTIALITY AGREEMENT

It is the Bloomfield Animal Shelter’s policy to protect its property and proprietary information. The willful disclosure of BAS animal control investigations and/or cases, donor files, client information, or any other confidential and proprietary information during or after termination of volunteering/fostering constitutes violation of BAS policy and may result in disciplinary action up to and including discharge from volunteer/foster program, and/or legal action of both current and former volunteers/fosters. Information that must not be released to any person or organization outside of BAS includes, but is not limited to the following:

- Customer and/or donor lists and any information related to customer and/or donor contacts
- Any information, files or related materials from animal control investigations
- Any Bloomfield Animal Shelter files, including personnel and confidential documents
- Specific employee compensation rates and related information
- All work products, including letters, memoranda, presentations, email, and all other documents, whether hard copy or not, is confidential and the property of BAS. As such, it may not be copied, taken, transmitted, lent, or transferred from BAS premises without prior written authorization from the Shelter Manager

I, the undersigned, understand, acknowledge, and agree to abide by the BAS Confidentiality Agreement. I understand that if I breach this contract, I could face disciplinary action, including discharge from service, and possible legal action.

PRINT NAME

SIGNATURE

DATE