Bonnyville & District SPCA
5601 -54th Ave. Box 5444
Bonnyville, AB.
780-826-3230

FOSTER APPLICATION FORM

LAST NAME:	**FIRST NAME:**
○ **MALE** ○ **FEMALE**	**ARE YOU AT LEAST 18 YEARS OLD?**

ADDRESS:

DRIVERS LICENSE # **COPY OF ID WILL BE TAKEN:** **OWN TRANSPORTATION:** ○ **NO** ○ **YES**

HOME PHONE#	**CELL PHONE#**	**EMAIL:**

CURRENT OCCUPATION/EMPLOYER:

PHONE#

EMERGENCY CONTACT PERSON: **PHONE #**

FOSTER INFORMATION

Can you commit to being a foster parent for at least 8 weeks? YES ☐ NO ☐

Have you fostered before? YES ☐ NO ☐

If yes- for which organization _____ **what animals** _____

Do you have any conditions that would affect your foster work? YES ☐ NO ☐

If yes, please explain _____

Do you have access to a vehicle YES ☐ NO ☐

What would you consider an emergency needing veterinary attention? _____

Do you have an area in the household where the foster animal can be isolated for your own pet? Please describe

_____

Applicant name and signature _____

Do you have any previous experience with young kitten/puppy care? YES ☐ NO ☐
(Bottle feeding, stimulation etc.)

Do you understand fostering young kittens/puppies will require constant feeding, about every 2 hours or so?

YES ☐ NO ☐

Do you have any concerns or questions?

_____

HOME INFORMATION

Do you: Own ☐ Rent ☐

If you rent, does the landlord give approval to your participation in our foster program? YES ☐ NO ☐

Landlord phone number_____

Is everyone in the household in agreement to fostering an animal? _____

For how many hours per day the animal will be unsupervised for an adult? _____

How many members are in the household? _____ If there are members under 18, how old are they?

_____

PET HISTORY

What type of pets have you owned before? _____

What happened to these animals you no longer have? (Check All Applicable)
___ Passed away due to illness ___ Passed away due to old age ___ Passed away due to injury ___ Ran away ___ Gave away to family ___ Gave away to friends___ Gave away to other ___ Sold animal ___ Surrendered to SPCA

Current # of animals in household: _____ # of dogs _____ # of cats: _____# of other pets:

Are your current pets spayed/neutered: YES ☐ NO ☐

Are the vaccinations for your pets currently up to date? YES ☐ NO ☐

Applicant name and signature _____

In signing this, I agree and understand to the following:

- **I must report to the shelter every Friday providing updates on the animal behavior, health and any concerns, I also will provide at least 3 clear new pictures of the foster animal to be used at discretion of the SPCA representatives in any audiovisual format or an advertisement in all media know or hereafter devised.**

- **It's my very own responsibility to cover my face, other people, my pets or any image in the pictures that I don't want to be used by the SPCA.**

- **With any sort of contact with animals, there is a risk that I may be scratched, bitten, or come in contact with a diseased animal. I agree to release and hold harmless The Bonnyville and District SPCA and its employees from any and all liability for any damage or injury caused by the animal.**

- **Upon applying for a fostering position with The Bonnyville & District SPCA, all potential fosters will be asked to complete a foster application form, and attend an interview with the Staff of The Bonnyville & District SPCA.**

- **Since foster parents receive no compensation and expect no compensation for their work, they are not employees.**

- **As a foster parent I understand it is my responsibility to ensure that I have been appropriately educated and trained. It is my responsibility to ensure that I am comfortable with my role, before starting any duties.**

- **I understand that as a foster of The Bonnyville & District SPCA, I or my child is not covered by The Bonnyville & District SPCA workers compensation or any other insurance policy for any damages or injuries I or my child may sustain during the foster period.**

- **Any injury or accident to a person or animal must be reported immediately to a staff member of the Bonnyville & District SPCA.**

- **In the event of an emergency, I hereby give the Bonnyville & District SPCA permission to seek medical attention for myself and/or my child at no cost to the Bonnyville & District SPCA.**

- **Feeding the dogs or cats treats must be approved by the shelter staff.**

- **Any volunteer applying to be a foster family must provide veterinary proof of their animal's vaccination records, showing their animals are current and up to date with all vaccinations. Without proof of current vaccinations for their animals, the applicant will not be considered has a foster family.**

Non-Disclosure Agreement

In the course of your volunteer/foster activities, you may have access to confidential information. Foster parents must not release information or make public statements about The Bonnyville & District SPCA without prior authorization.
All foster parents working with confidential information can't under any circumstance post their animals they are fostering or release any information to the social media.

All foster volunteers will be asked to accept this non-disclosure agreement before starting their fostering activities.

Applicant name and signature _____

The Bonnyville & District SPCA will not accept an individual as a volunteer if they have been charged with any acts of violence directed towards an animal, person or property, or any other offence that would raise concern for the safety or security of the Society's personnel and property**. The Bonnyville & District SPCA has the right to refuse any volunteer application.**

Non-Disclosure Agreement
In the course of your volunteer activities, you may have access to confidential information. Volunteers must not release information or make public statements about The Bonnyville & District SPCA without prior authorization. All volunteers working with confidential information will be asked to sign a non-disclosure agreement before starting their volunteer activities. Volunteers must not release any information to the media unless specifically requested to do so.

Rules, Regulations and Guidelines

I have been provided with and have reviewed the Bonnyville & District Rules, Regulations and Guidelines for all Visitors and Volunteers and I agree to comply with all of the requirements set out in that document. I understand that failure to follow the Rules, Regulations and Guidelines may result in my volunteer status being revoked.

By my signature I acknowledge I have read, understand and agree to the above information in detail and have voluntarily accepted it. I certify that the above information provided here is accurate and complete. I authorize reference and employment verification; background and police check as necessary for any or all positions.

BY SIGNING THIS APPLICATION, YOU AGREE TO MAINTAIN COMPLETE CONFIDENTIALITY WITH REGARDS TO ANY INFORMATION YOU MAY HEAR OR SEE OF THE BONNYVILLE & DISTRICT SPCA, ITS CLIENTS, ITS VOLUNTEERS, ITS STAFF AND ITS MEMBERS.

NAME: _____
(PLEASE PRINT)

SIGNATURE OF VOLUNTEER:

_____

SIGNATURE OF PARENT/GUARDIAN:

_____

(PARENT/GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER THE AGE OF 16)

NOTE: Any volunteer applying to be a foster family must provide veterinary proof of their own animal's vaccination records, showing their animals are current and up to date with all vaccinations. Without proof of current vaccinations for their animals, a volunteer will not be considered for a foster family.

☐ **Photography Permission**. I give permission to The Bonnyville & District SPCA to photograph me or my child for use in any Bonnyville & District SPCA publication, educational, advertising or social media purposes.

RELEASE OF LIABILITY AND WAIVER OF CLAIMS

(To be executed by Participants over the Age of 18)

WARNING! By signing this document, you will waive certain legal rights. Please read carefully.

1. **This is a binding legal agreement. Clarify any questions or concerns before signing. In consideration of the opportunity to Volunteer with the Bonnyville & District SPCA (the Organization),** the undersigned, being the Volunteer, acknowledges and agrees to the following terms:

Description of and Assumption of Risks

2. There are foreseeable and unforeseeable inherent risks, hazards and dangers in volunteering with the Organization including without limitation:

    a) Animal bites and scratches
    b) Injuries arising from contact with animals including but not limited to viruses, bacteria, parasites, fungal diseases, etc.)
    c) Allergic reactions to fur, dust, insects, chemicals
    d) Exposure to bodily fluids such as urine, blood, and feces
    e) Slips, trips, falls
    f) Loud noises
    g) Exposure to extreme weather temperatures
    h) The potential for sickness, disease and contagion including but not limited to Zoonotic diseases and COVID-19 and for serious bodily injury including sprains, strains and burns, permanent disability, paralysis and loss of life;

3. The Volunteer understands and acknowledges that there are risks, dangers and hazards inherent in volunteering with the Organization, including the risks, dangers and hazards described above (the “Risks”).

4. The Volunteer understands that the Risks may be caused in whole or in part by the Volunteer’s own actions or inactions, the actions or inactions of others participating in or present while the Volunteer is volunteering, or the negligent acts or omissions of the Organization.

5. The Volunteer expressly and voluntarily assumes the Risks and the responsibility for any damages, liabilities, losses including loss of income, expenses, or any other related losses arising from the Risks as a result of the Volunteer’s participation in the Activities.

    ☐ ***I have read and agree to be bound by paragraphs 1-5***

Release of Liability and Waiver

6. The Volunteer waives any and all claims that they may have now or in the future against the Organization and covenants not to sue the Organization.

7. The Volunteer forever releases the Organization from any and all liability to and from any and all claims, demands, actions, damages (including direct, indirect, special and/or consequential), losses (including property loss or damage), actions, judgments, and costs (including legal fees) (collectively, the "Claims") which they have or may have in the future, that might arise out of, result from, or relate to participation in the Activities, caused by any manner whatsoever, including but not limited to, negligence, gross negligence, negligent rescue, omissions, carelessness, breach of contract and/or breach of any statutory duty of care of the Organization.

☐ ***I have read and agree to be bound by paragraphs 6-7***

Acknowledgement

8. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon me, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators, trustees and legal or personal representatives. I further acknowledge by signing this agreement I understand that I have waived my right to maintain a lawsuit against the Organization and released the Organization from any claims that I may have against the Organization for any injuries, loss or damage arising out of my participation in the Activities.

_____	_____	_____
Name of Volunteer (print)	Signature of Volunteer	Date