

Quincy Animal Shelter

56 Broad St., PO Box 690088
Quincy, MA 02169
Tel 617-376-1349·Fax 617-745-5736
Email: foster@quincyanimalshelter.org
www.quincyanimalshelter.org

FOSTER CARE VOLUNTEER APPLICATION

How Do I Become a Foster Care Volunteer? Quincy Animal Shelter ("QAS") values all of its Volunteers tremendously. Without our volunteers, the Shelter would not function. Foster Care Volunteers play a special role by helping QAS provide care to animals that can not be housed in the shelter facility due to illness, age or other circumstances.

Steps to Becoming a Foster Care Volunteer.

- 1. Complete and return the Application. The Application may be mailed or dropped off during regular adoption hours. If mailed, please send to Quincy Animal Shelter, Foster Care Coordinator, PO Box 690088, Quincy, MA 02169.
- 2. Meet with one of the Foster Care Coordinators to learn more about what is needed and attend additional training classes as appropriate.

Please use care in completing this form as it will help QAS determine your ability to provide foster care to one of QAS' animals. You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the screening process.

Foster Care Volunteer Profile:

	Today's Date:			
/olunteer Profile				
Name:	Are you 21 or older? ☐ Yes ☐ No			
Street Address:	E-mail address:			
City, State, Zip:	Home telephone:			
Daytime telephone:	Work phone number:			
How did you hear of the QAS Foster Care Program?				
Why do you want to volunteer with Quincy Animal Shelter?				

Do you currently have any pets? If y Name Bre	yes, please list below (add pages if needed): eed Age
Would you be able to keep your ani	imals and foster pets separated?
References:	
Do you know any QAS volunteers	?
Name(s):	Relationship:
	t QAS before? ☐ Yes ☐ No If yes, when?
Have you adopted an animal from adopt and when?	n QAS? □ Yes □ No If yes, who did you
Are you a member of any other ar	nimal welfare organization? Yes No te?
Please list two personal or busines	ss NON FAMILY references:
Name:	Relationship:
Daytime telephone:	Evening telephone:
Name:	Relationship:
Daytime Telephone:	Evening Telephone:

Skills and Experienc	e		
Have you had any fo	ormal education/tra	ining in pet care or animal welfare?	?
Where:	When:	Type of education/training:	
Have you done any			
Where:	When:	Type of work performed:	
placements. You als and you release the participating in the l volunteers for any da	o agree that QAS, it m from liability foo Foster Care Prograr amages and expens	Volunteer, you agree to follow the of sofficers, directors, and volunteers or, any losses, injuries, or damages on. You agree to indemnify QAS, it ses they may incur in defending are a Foster Care Volunteer or of a fost	are not responsible for, that you may incur by s officers, directors and ny claim by a third party
Applicant's Signature	e:		
Χ			
For QAS Use Only			

Approved or Denied (circle one)

By:_____

Title:_____

Date of Approval/Denial:_____