

# You Gotta Love Them, Inc.

## Volunteer Application

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

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Employer/School: \_\_\_\_\_ Full Time Part Time

Date of Birth: \_\_\_\_\_ (Volunteers under the age of 18 must have parental consent and supervision.)

Reason for volunteering:

Pets (types and ages) currently living in your household:

In which capacity are you wanting to volunteer for:

Special Skills or Prior Experience:

Do you own or rent your residence? \_\_\_\_\_ Type of residence? \_\_\_\_\_

Are you or anyone in your residence allergic to cats? \_\_\_\_\_

Do you have an area in your home to confine foster animals if necessary? \_\_\_\_\_

Fostering infant animals, litters, or animals recovering from illness requires a time commitment of 1-8 weeks or more. How many consecutive weeks are you prepared to care for fosters? \_\_\_\_\_

Are you willing to foster: older cat a cat with special needs a cat with behavioral issues mother cat with nursing kittens orphaned kittens who require bottle feeding .injured or sick young adult cats?

Are you familiar and comfortable with administering medications? \_\_\_\_\_

Would you object to having someone from You Gotta Love Them, Inc. check in on the fostered animal(s) in your care from time to time? \_\_\_\_\_

Do you have transportation readily available for picking up rescues and/or visits to the vet?  
\_\_\_\_\_

Once a pet is placed in a foster home all that is required is to provide food, litter, shelter, and all the love and attention you can give to each cat or kitten. Will you need assistance with food and supplies? \_\_\_\_\_

You Gotta Love Them, Inc. assumes all responsibility for veterinary care. All arrangements for veterinary care must be made with You Gotta love Them, Inc. prior to treatment.

Please provide two references (one veterinarian and one non-family member):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge and I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts requested is cause for denial of fostering/volunteering with our organization. You Gotta Love Them, Inc. reserves the right to refuse any foster or volunteer applicant. Signature: \_\_\_\_\_ Date: \_\_\_\_\_