



Pixie's Pen Pals Volunteer Application

Name: _____ Date of Birth: ___/___/___

Street Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Communication Preferences (*Check all that apply*): Email___ Phone Call___ Text Message___ Other_____

Emergency Contact: _____ Phone Number: _____ Relationship: _____

Positions of Interest (*Check all that apply*):

- Transportation (of a Pen Pals dog and/or supplies) Foster Parent Dog Handler at Events

Do you have a valid Driver's License: Yes ___ No ___ What type of vehicle do you drive: _____

If you wish to be a foster parent, what duration of care are you willing to provide? (*Check all that apply*)

- Overnight Weekend 1 Week >1 Week

Are you comfortable caring for dogs who require ... (*Check all that apply*)

- Medical Needs Behavioral Needs

Please describe any relevant experience working with dogs (*Ex.] volunteer at an animal shelter, work with a professional trainer for your own pet*)



About Your Home

Only complete this section if you are interested in fostering a dog in your home. Please know that these questions do not pertain to your eligibility to foster. This information allows us to find the best foster match for your home!

Do you rent or own your home? _____

What type of residence? Single Family Home Condo Apartment Building Other _____

How many pets live in your home? (This includes exotic animals that might live in a cage or tank such as rabbits, snakes, birds, etc.) _____

Please provide relevant descriptions of each pet in your home:

Pet 1:	
Species/Breed	
Age	
Gender	
Neuter/Spay Status	
Temperament/Play Level	

Pet 2:	
Species/Breed	
Age	
Gender	
Neuter/Spay Status	
Temperament/Play Level	

Pet 3:	
Species/Breed	
Age	
Gender	
Neuter/Spay Status	
Temperament/Play Level	

Pet 4:	
Species/Breed	
Age	
Gender	
Neuter/Spay Status	
Temperament/Play Level	



Does your residence have a yard? _____ Is it fenced? (*NOT an invisible fence*) _____

Is the yard private or shared? _____

What is the height/material of the fence? (ex.] 4 ft chain link, 6 ft wooden) _____

How many adults live full-time in your home? (*Include yourself in this number*) _____

Please list each adult's name, age, gender, and primary occupation:

How many children live full-time in your home? _____

Please list each child's age & gender:

Are there any people who live in your home for part of the year? (*Ex.] a child in college, a deployed family member*)

If so, please list their age, gender, and circumstance:

Are there any members of your household with physical or mental circumstances that may impact interactions with a foster dog? (Ex.] use of mobility aids, increased chance of sudden sound or movement) *Your answer has no bearing on foster eligibility, and you do not have to disclose any personal details regarding any possible condition. This question is to best match a foster to your home!*



Who will be the primary contact for the foster dog? _____

Are you able to accommodate the use of a crate to contain the foster dog? (If necessary, Pen Pals would provide the crate) _____

How many hours a day is your household empty? (Includes commute to work or school)

- My household is rarely empty 1-3 hours 3-6 hours 6-9 hours 9+

References

The following sections are required for all volunteer applicants.

If you have pets, please list their veterinarian and contact number:

Please provide the name, contact number, and relationship (ex.] sister, friend, colleague) for 3 references:

Have you (or anyone in your household) ever been convicted of a crime: Yes ___ No ___

If yes, please explain the situation:

All members of my household and I myself have never been convicted of animal cruelty, neglect, or abandonment. I will update this statement if/as changes occur.



RELEASE FORM – PLEASE READ CAREFULLY

By signing below, I hereby agree to comply with all policies, rules and regulations which may be established by Pixie's Pen Pals. I understand that failure to do so may result in my termination as a volunteer.

I understand that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and that Pixie's Pen Pals shall incur no liability of any nature as a result of my volunteering for Pixie's Pen Pals. I further understand that I may at any time, with or without cause, be removed from my position as a volunteer at the sole discretion of Pixie's Pen Pals.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including physical harm caused by animals and/or exposure to disease that can be passed from animal to animal or animal to humans. I further understand and agree that should I be involved in a car accident while driving for Pixie's Pen Pals, my insurance will be the sole and primary recourse for settling any and all property, personal injury and claims of death arising from said accident. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless Pixie's Pen Pals, its agents, servants, and employees from any and all claims, causes of action, or demand, of any nature or cause, including costs and attorney fees incurred by Pixie's Pen Pals in connection with my services for Pixie's Pen Pals, including but not limited to animal bites, accidents, injuries or personal property damage.

ALL INFORMATION GIVEN ABOVE HAS BEEN GIVEN VOLUNTARILY, IS TRUE, AND IS ACCURATE; I HAVE NOT MADE ANY FALSE STATEMENT. FURTHERMORE, I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

Signature: _____ Date: _____

Thank you for your interest in volunteering with Pixie's Pen Pals! Please submit all portions of this application to the program coordinator by emailing the completed form to allison@fetchacure.org, or by mailing/delivering this form to the FETCH a Cure office located at:

5711 Staples Mill Road

Suite 300

Richmond, VA 23228