Volunteer & Foster Application Form

Hope for Paws
FOUNDATION, INC.

Thank you for your interest in volunteering or fostering with Hope for Paws Foundation, Inc. and our affiliates. Your time and dedication help us provide critical care and find loving homes for animals in need. Please complete this application accurately so we can assess your eligibility and suitability for our programs.

Personal Information

Full Name:

Date of Birth:

Address:

City: State: ZIP:

Phone Number:

Cell Phone Number:

Email Address:

Preferred Contact Method: ☐ Phone ☐ Email

Emergency Contact Information

Full Name:

Relationship:

Phone Number:

Cell Phone Number:

Volunteer/Foster Preferences

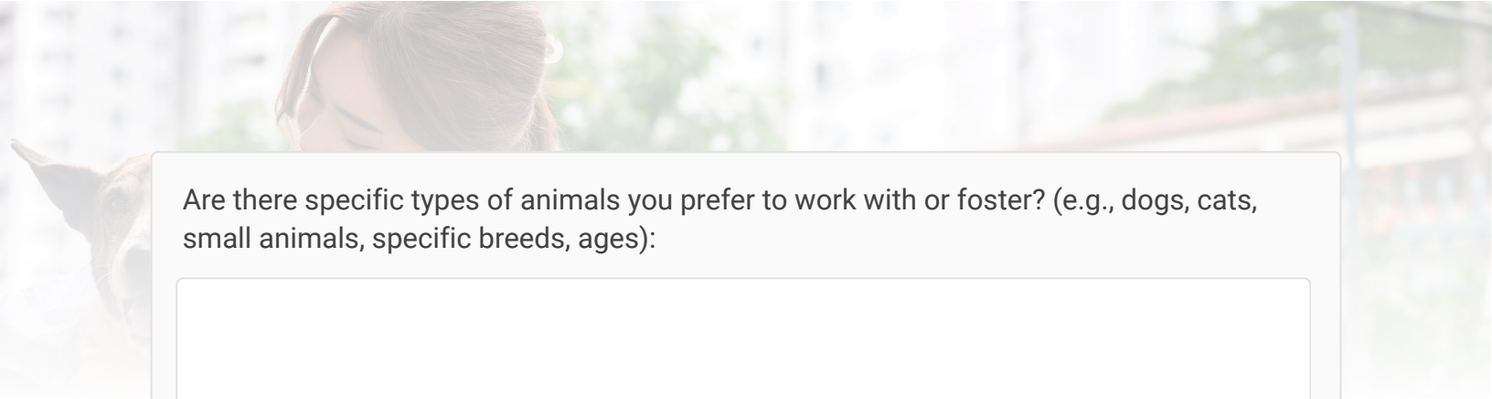
I am interested in (check all that apply):

- ☐ Volunteering at Hope for Paws Foundation, Inc. (Madison, MS)
- ☐ Volunteering at a local animal shelter (Specify city and county): _____
- ☐ Fostering animals in my home

Availability (Check all that apply):

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

☐ Mornings ☐ Afternoons ☐ Evenings



Are there specific types of animals you prefer to work with or foster? (e.g., dogs, cats, small animals, specific breeds, ages):

Experience and Skills

Do you have any previous experience volunteering or working with animals?

☐ Yes ☐ No

If yes, please describe:

Do you have any relevant skills or training? (e.g., animal behavior, veterinary care, training, etc.):

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☐ Yes ☐ No

If yes, please explain:

Home Environment (For Foster Applicants Only)

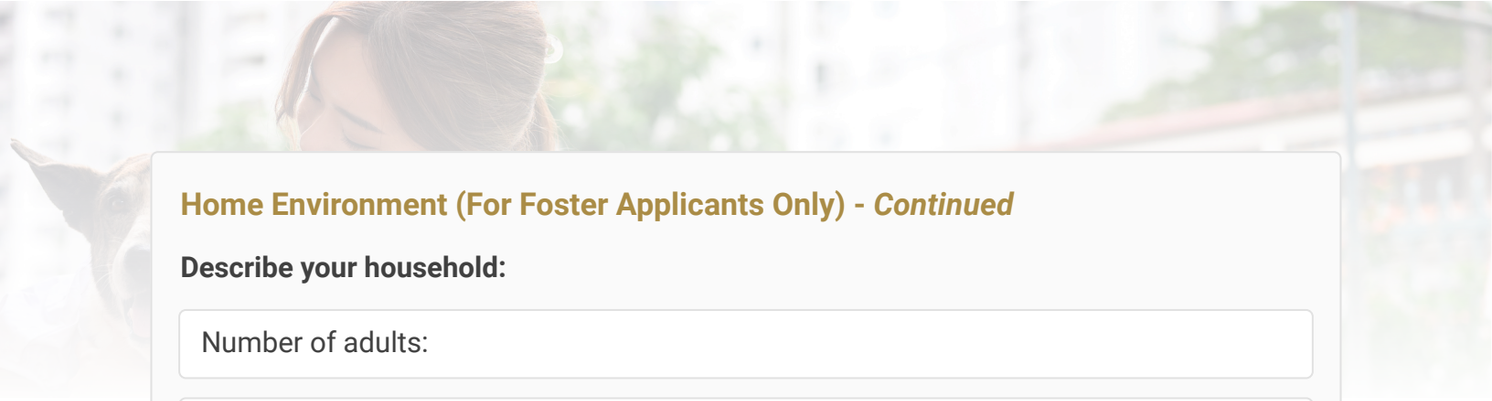
Do you: ☐ Own your home ☐ Rent your home

If renting, please provide landlord's contact information:

Landlord's Name:

Phone Number:

Cell Phone Number:



Home Environment (For Foster Applicants Only) - *Continued*

Describe your household:

Number of adults:

Number of children (include ages):

Do you currently have pets? ☐ Yes ☐ No

If yes, please list species, breeds, ages, and whether they are spayed/neutered:

Are your current pets up-to-date on vaccinations? ☐ Yes ☐ No

Do you have a separate area to isolate foster animals if necessary? ☐ Yes ☐ No

If yes, please describe:

Describe your yard (Check all that apply):

☐ No yard ☐ Small yard ☐ Large yard ☐ Fenced yard ☐ Unfenced yard

References

Please provide two personal references who can attest to your suitability as a volunteer or foster caregiver.

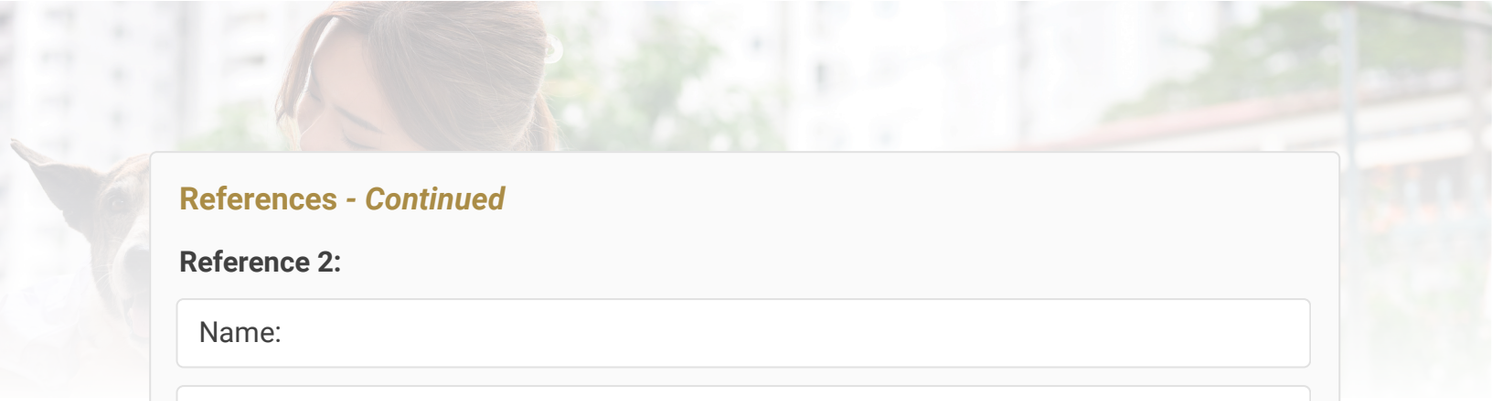
Reference 1:

Name:

Relationship:

Phone Number:

Cell Phone Number:



References - *Continued*

Reference 2:

Name:

Relationship:

Phone Number:

Cell Phone Number:

Background Information & Legal Requirements

Have you ever been convicted of a felony or misdemeanor related to violence, animal cruelty, neglect, or abuse?

☐ Yes ☐ No

If yes, please explain:

Are you willing to undergo a background check? ☐ Yes ☐ No

Are you willing to allow a home inspection as part of the foster approval process?

☐ Yes ☐ No

Acknowledgment & Signature

Liability Release and Waiver are not limited to Mississippi Code § 95-9-1
By signing this form, I acknowledge and agree to the following:

Please read and initial each statement:

_____ I agree and understand that I will not vallate Mississippi Code § 97-41-16.

_____ **I Assumption of Risk**: I understand that volunteering or fostering animals involves inherent risks, including but not limited to **scratches, bites, allergies, zoonotic diseases, and property damage**. I voluntarily accept these risks.

_____ **I Release of Liability**: I release **Hope for Paws Foundation, Inc., its officers, directors, employees, volunteers, agents, and any partnering shelters** from any **claims, damages, injuries, or losses** arising from my volunteer or foster activities, including injuries caused by animals.

_____ **I Indemnification Agreement**: I agree to **indemnify and hold harmless Hope for Paws Foundation, Inc. its officers, directors, employees, volunteers, agents, and any partnering shelters**, from any claims, legal actions, or financial liabilities resulting from my participation in the program.

_____ **Home & Property Damage Disclaimer**: I acknowledge that Hope for Paws Foundation, Inc. and **its officers, directors, employees, volunteers, agents, and any partnering shelters are not responsible for any property damage** caused by animals in my care, including damage to furniture, flooring, fencing, or vehicles.

Acknowledgment & Signature - *Continued*

_____ **Medical Expenses**: I understand that I am responsible for my own **medical expenses** in case of injury and that **Hope for Paws Foundation, Inc. and its officers, directors, employees, volunteers, agents, and any partnering shelters does not provide medical coverage** for volunteers or fosters.

_____ **Animal Welfare Compliance**: I agree to provide proper care, food, shelter, and veterinary care as required by Mississippi law. I will not use the foster animal for breeding, research, or unlawful purposes.

_____ **Return of Foster Animals**: I agree that all foster animals remain the property of **Hope for Paws Foundation, Inc. and any partnering shelters** and I must be returned immediately upon request.

_____ **Legal Capacity**: I certify that I am at least **18 years** old and legally capable of entering this agreement.

_____ I certify that the information provided in this application is true and complete to the best of my knowledge.

_____ I understand that submitting this application does not guarantee acceptance into the volunteer or foster program.

_____ I authorize Hope for Paws Foundation, Inc. or its partnering shelters to contact the references provided and conduct a background check as part of the application process.

_____ I agree to adhere to all policies and procedures set forth by Hope for Paws Foundation, Inc. or any partnering shelters.

_____ I understand that a home inspection may be required prior to fostering animals and agree to coordinate with the organization to facilitate this process.

_____ I acknowledge that there are inherent risks associated with working with animals and agree to release Hope for Paws Foundation, Inc. and its partnering shelters from any liability arising from my participation in the volunteer or foster program.

Mississippi Code § 97-41-16

By signing below, I confirm that I have read, understood, and agree to comply with the terms outlined in this **Volunteer & Foster Agreement**.

Applicant's Signature:

Printed Name:

Date: Month Day Year