

VOLUNTEER APPLICATION

Return completed application to:

SF SPCA, Volunteer Services
201 Alabama Street
San Francisco, CA 94103
(415) 522-3523

volunteers@sfspca.org



Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Birthday (optional): _____

Are you at least 18 years of age? YES NO

(If under 18, contact our Humane Education Department which handles all youth volunteer opportunities
www.sfspca.org/programs-services/youth-programs)

In which areas are you interested in volunteering?

Foster Care of Animals

Shelter Volunteering: Commitment of 2 hours per week for minimum of 6 months
(Please select one)

Which orientation would you like to attend?

(dates are listed at sfspca.org/foster)

Date: _____

Cats **OR**

Dogs **OR**

Small Mammals

Please share your skills and training (**check all that apply**):

Customer Service/Sales

Dog Training

Event Planning

Graphic Design

Dog Grooming

Photography

Public Speaking

Teaching/Training

Video Production

Website Design

Writing/Editing

Veterinary Nursing

NERT Certified

The following activities can be done in addition to your main assignment (above), please check any additional areas in which you would like to volunteer (**check all that apply**).

Adoption events

Wash and fold laundry for pets

General office support

Assisting with feeding

Assisting w/ dog training classes

Special event support

Facilities improvement

Assisting with cleaning



What languages do you speak aside from English?

- Spanish
- Mandarin
- Cantonese
- Russian
- Tagalog
- Japanese
- Other _____

How did you hear about the volunteer program?

- Word of mouth
- Self-directed web search
- Flyer
- SF SPCA Facebook page
- SF SPCA newsletter
- VolunteerMatch
- Other _____

Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies, etc.)? **YES** **NO**

If yes, please explain:

Are you participating in a program currently that requires volunteering? **YES** **NO**

If yes, please explain:

Employment Status: FULL TIME PART TIME UNEMPLOYED STUDENT RETIRED

Occupation: _____ Employer: _____

Does your employer offer a donor matching program? **YES** **NO**

Does your employer match volunteer hours with contributions to non-profit organizations? **YES** **NO**



Please indicate which of the following types of foster you'd be interested in (check all that apply):

- Underage, kittens:** These are under 8 weeks of age and could require from two to four weeks of care.
- Mother Cat with nursing young:** Mother will need to be kept with young at least until they are weaned at 4-5 weeks of age.
- Bottle baby kitten:** Requires round-the-clock care and feeding for 1-3 weeks.
- Underage, puppies:** These are under 8 weeks of age and could require from two to four weeks of care.
- Mother dog with nursing young:** Mother will need to be kept with young at least until they are weaned at 4-5 weeks of age.
- Bottle Baby puppies:** Requires round-the-clock care and feeding for 1-3 weeks.
- Injured or sick animals:** Will probably require giving medication(s) or providing special housing circumstances including keeping medical appointments. Could require from two weeks to two months of rehabilitation and care depending on issues.
- Behavior Modification Animals:** Could be young in need of additional socialization before being ready for adoption or older that need observation and/or rehabilitation in a home environment.
- Fospice:** Animals with medical issues that make them difficult to adopt out but still enjoying quality of life, may require giving medications, subcutaneous fluids, or special diets.

How many hours a day do you have to spend with your foster(s)? _____

Where in your home will you keep your foster animal(s)? _____

Are you willing to fill out a daily progress report on your foster animal(s)? **YES** **NO**

Can you commit to bring animals to the SF SPCA infirmary during regular business hours for periodic checkups and vaccinations or to the emergency clinic should they become ill? * **YES** **NO**

*Any services provided at veterinary clinics/night emergency services other than those with an agreement with the SF SPCA will be paid for by the foster parent. The SF SPCA Foster Program will only reimburse charges when appropriate clinics are used.

Are you willing to learn how to administer medications should the foster(s) require them? **YES** **NO**

Do you have pets of your own? **YES** **NO** If so, what kind? _____

Are you able to keep the foster(s) separate from your own animals? **YES** **NO**



CAT Experience (please mark with an X)

	Yes	No, but interested in learning	Not interested in learning
Bottle feeders	_____	_____	_____
Self-feeding (eating on their own)	_____	_____	_____
Mother with nursing kittens	_____	_____	_____
Injured/sick (adult)	_____	_____	_____
Shy/under socialized	_____	_____	_____
Fospice	_____	_____	_____
Vaccine/give dewormers	_____	_____	_____
Administer oral medication in food (powder or tablets)	_____	_____	_____
Pilling oral tablets	_____	_____	_____
Administer eye medication	_____	_____	_____
Wound care	_____	_____	_____
Administer subcutaneous fluids	_____	_____	_____
Administer subcutaneous injections	_____	_____	_____
Applying topical flea treatment	_____	_____	_____
Trim nails	_____	_____	_____

DOG Experience (Please mark with an X)

	YES	No, but interested in learning	Not interested in learning
Bottle feeders	_____	_____	_____
Self-feeding (eating on their own)	_____	_____	_____
Mother with nursing puppies	_____	_____	_____
Injured/sick (adult)	_____	_____	_____
Shy/under socialized	_____	_____	_____
fospice	_____	_____	_____
Vaccinate/give dewormers	_____	_____	_____
Administer liquid oral medication	_____	_____	_____
Administer oral medication in food (powder or tablets)	_____	_____	_____
Pilling oral tablets	_____	_____	_____
Administer eye medication	_____	_____	_____
Wound care	_____	_____	_____
Administer subcutaneous fluids	_____	_____	_____
Administer subcutaneous injections	_____	_____	_____
Applying topical flea treatment	_____	_____	_____
Trim nails	_____	_____	_____



Who are other members of your household who will assist you with fostering?

First/Last/Age: _____

First/Last/Age: _____

First/Last/Age: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____ HOME CELL WORK

Email Address: _____

Please read and review the following Volunteer Release of Liability and Assumption of Risk and the San Francisco SPCA Foster Parent Agreement. We will be asking for signatures on these forms in person at orientation.



Volunteer Release of Liability and Assumption of Risk

1. **Volunteer Participation.** I have freely and voluntarily agreed to participate in certain activities at the San Francisco Society for the Prevention of Cruelty to Animals (the “SF SPCA”) as a volunteer. I understand that all services performed by me will be performed on a strictly voluntary basis and without compensation or benefits of any kind.
2. **Guidelines.** I understand that I must comply with all of the rules, agreements, and protocols that are established and may change from time-to-time by the SF SPCA (including, but not limited to, department-specific rules), and that my volunteer privileges may be revoked or suspended by the SF SPCA at any time for noncompliance or other safety issues.
3. **Assumption of Risk.** I understand that volunteering for the SF SPCA can be potentially dangerous and that I may interact with animals who, even under the best of circumstances, may be unpredictable and may bite or scratch or transmit zoonotic diseases. I understand and acknowledge that my volunteering is not without risk of serious injury, illness, death, and damage to property, and I fully assume all risks in connection therewith.
4. **Financially Responsible.** I understand that *I am solely financially responsible* for any medical treatment or care for any injury or illness resulting from my volunteer activities, whether through my own health insurance coverage or otherwise. I have been encouraged to consult with a medical professional to address any concerns prior to my volunteering, including, for example, any recommended vaccinations before handling animals.
5. **Liability Release.** In consideration of my participation as a volunteer for the SF SPCA, and good and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I (together with my spouse, heirs, successors, representatives and assigns) agree to assume and to forever release, waive, discharge, indemnify and hold harmless the SF SPCA, including its directors, officers, employees and agents, and their respective successors and assigns (collectively, the “Released Parties”), for any and all claims, demands and damages of every kind and nature whatsoever, which I may have or which may hereafter accrue to me, against any of the Released Parties on account of any property damage, death, personal injury or illness, and the treatment thereof, including those caused by negligence or carelessness attributable to the Released Parties, whether known or unknown, foreseeable or unforeseeable, relating to my participation as a volunteer for the SF SPCA.
6. **Media Release.** I grant to the SF SPCA permission to use my name, likeness, and statements in photographs, audio, video, or other media, if any, to promote the SF SPCA’s services, programs, or events. I understand that all film, audio, prints, and negatives are the sole property of the SF SPCA and may be used without payment or notification.
7. **Confidential Information.** I agree to hold all Confidential Information in strict confidence and to take all actions reasonably necessary to protect the confidentiality of such Confidential Information. “Confidential Information” means any information that a person exercising reasonable business judgment would understand to be confidential or proprietary that is disclosed to me or to which I have access in connection with my volunteering at the SF SPCA.
8. **Entire Agreement.** The above terms and conditions constitute the entire agreement between me and the SF SPCA, which will remain in full force and effect until expressly revoked or otherwise terminated by the SF SPCA in writing. By signing below, I give my consent without reservation to the above terms and conditions.



San Francisco SPCA Cat/Kitten Foster Parent Agreement and Waiver

We thank you for volunteering your time with the San Francisco SPCA Foster program.

The rules listed below have been developed over the years and are designed to help you nurture and support animals that are too small or sick to be adopted into their forever homes. The Foster program is here to help YOU, the Foster Parent.

We ask that you strictly adhere to the rules at all times:

- To keep my foster animals current on their vaccinations
- To give my foster animals only medications prescribed by the SF SPCA Shelter Medicine department
- To feed ONLY the food given to me or approved by the SF SPCA Foster program
- To keep my foster animals separate from any resident pets
- To keep my foster animals confined to a secure space indoors at all times
- To use an approved carrier to transport my foster animals to and from the SF SPCA
- That I will not give the care of my foster animals to anyone else at any time
- I will notify the SF SPCA Foster program if my foster cat/kittens are not consistently using the litter box in an appropriate fashion
- To notify the SF SPCA Foster program if my foster animals haven't eaten for more than 24 hours
- To notify the SF SPCA Foster program if my foster animals are experiencing diarrhea for more than 24 hours
- To clean and disinfect all supplies used by my foster animals and designated area before using them with a new group of fosters (this is extremely important to keep your fosters healthy)
- To return the foster animals on the scheduled date or on demand, as the animals are only temporarily in my care and belong to the SF SPCA

I understand:

- The SF SPCA Foster program is for animals that are not adoptable because of age, medical condition, or behavior
- That the purpose of this foster relationship is solely to provide care for foster animals
- That any and all placements will be made only through the Adoption Center and are subject to the same guidelines as any other adoption

I hereby acknowledge that I have read and fully understand the importance of the above rules. I agree to all parts of the San Francisco SPCA Foster Agreement. Should I have questions, I will contact the SF SPCA Foster program for clarification.

If I am unable to comply with this agreement, I understand that it may lead to a termination of my fostering with the SF SPCA.