



ANCHORAGE ANIMAL CARE AND CONTROL

4711 Elmore Rd., Anchorage, AK 99507

907-343-8122

2020 FOSTER APPLICATION

Name: _____

Address: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

Email: _____

How long have you lived at this address? _____ Rent or own? _____

If you rent, can you provide written proof of permission to foster an animal? _____

Best way to reach you for availability to foster? _____

Are there children in the home? _____ Ages? _____

Anyone in the home allergic to pets? _____ If so, what types of pets? _____

Are you fostering animals for any other organization? _____

Are you interested in fostering (check all that apply):

Dogs

- moms/puppies
- puppies only
- weight loss
- special needs
- short-term medical recovery
- shelter dogs for a short vacation

Cats

- moms/kittens
- kittens only
- weight loss
- special needs
- short-term medical recovery

Other _____

Please tell us about the family pets you have now:

Pet's Name	Species/ Breed	Age	Spayed/ Neutered?	Vaccinated?	Licensed?

Have any one of your pets been diagnosed with a contagious illness (such as parvo, feline leukemia, ear mites or mange) in the last 12 months? _____

Do you have any fostering experience? _____ If yes, please describe: _____

Why do you want to foster? _____

Where will the animal(s) be kept? _____

How many hours a day will the animal(s) be left alone? _____

Where will they stay when alone? _____

What are some possible reasons you might have to return a foster animal? _____

Do you agree to a home inspection? _____ (We will schedule a time that is mutually convenient.)

Signature

Date



MUNICIPALITY OF ANCHORAGE
Animal Care and Control
Foster Volunteer Agreement



Last Name	First Name	Middle Initial
Address	City	State Zip
Home Phone	Work Phone	Cell Phone
Fax Number		
Email	Birth Date (MM/DD/YYYY)	

As a Volunteer, I agree to donate my services to the Municipality of Anchorage, Animal Care and Control Center (MOA), and the MOA intends to accept the donation of volunteer services. Both parties agree as follows:

1. As a Volunteer, I agree to donate my services to the MOA in the capacity of a Foster Volunteer. My volunteer services shall include, but may not be limited to, providing animal care, feeding, watering, sheltering, grooming, training (basic house manners), and medicating animals when required.
2. I agree to the following conditions:
 - a. To provide appropriate care, including but not limited to, the following: food, water, shelter, grooming, training (basic house manners), and medication when required.
 - b. To contact the Anchorage Animal Care and Control Center should the animal(s) need medical attention. An agent from Anchorage Animal Care and Control will give direction concerning treatment. Anchorage Animal Care and Control will not reimburse or pay for non-approved medical treatment.
 - c. To leave the animal(s) in the location it has been placed. If there is a reason the party is unable to continue caring for the animal(s), the animal(s) will be returned to the Anchorage Animal Care and Control Center.
 - d. To accept visits by the Anchorage Animal Care and Control Center.
 - e. To keep cats indoors at all times or on a leash. All dogs must remain under restraint by leash or fence at all times. If the animal(s) that is being cared for should run away, and/or be stolen, contact the Anchorage Animal Care and Control Center immediately.
 - f. To not alter in any way the appearance of the animal(s). This includes de-clawing, cropping ears, docking tails, spaying/neutering, inserting a microchip or tattooing without written permission from the Anchorage Animal Care and Control Center.
 - g. To keep female cats or dogs in heat separated from any male cats or dogs. If this is not possible, the female animal(s) must be returned to the Anchorage Animal Care and Control Center to prevent pregnancy.
 - h. To continue any medication as prescribed for any animal(s).

- i. To treat the animal(s) humanely and adhere to all Municipality of Anchorage regulations (Title 17) and State of Alaska laws pertaining to animals.
 - j. To not use the animal(s) in any type of commercial exploitation.
 - k. Upon completion of the foster timeframe, the animals and any medical records collected during the time the animal(s) were being cared for will be surrendered to the Anchorage Animal Care and Control Center.
 - l. If the foster Volunteer is interested in permanently adopting the animal(s), they will be considered first for the adoption of the animal(s). The foster Volunteer must complete the adoption process and be approved by the Anchorage Animal Care and Control Center.
 - m. To notify the Anchorage Animal Care and Control Center of any change in address and/or phone number immediately.
3. I understand that as a Volunteer, I am not an employee of the MOA and am not entitled to receive salary, benefits or other compensation.
 4. I understand I am not an employee or Volunteer of Denali Universal Services, LLC.
 5. I understand that as a Volunteer, I do not qualify for workers' compensation benefits and understand I will be responsible for my own personal medical expenses for any injuries I incur while performing volunteer services.
 6. I acknowledge I have voluntarily agreed to participate in the volunteer program at the MOA. I recognize while handling animals and performing other volunteer tasks at the MOA, I may be exposed to, among other things, a risk of and exposure to animals including but not limited to animals with special needs and/or unpredictable behavior, chemicals, loud noises, animal bites, accidents, injuries, and personal property damage. I hereby release the MOA and Denali Universal Services, LLC from and against any and all liability arising out of or connected in any way with my participation in the volunteer program.
 7. As a Volunteer, I agree to release and hold harmless the MOA, its agents, employees and all other persons against loss or expense, including attorney's fees, by reason of bodily injury, property damage or personal injury arising out of Volunteer's negligent or other legally wrongful act or omission pursuant to this Agreement.
 8. I understand the nature of the Volunteer assignment and I certify that I have taken all necessary precautions to participate in such activities.
 9. As a Volunteer, I agree to fully cooperate with the MOA and its agents in any investigation, lawsuit, arbitration or any legal or quasi-legal proceedings that arise from the matters covered by this Agreement.
 10. As a Volunteer, I agree to follow the supervision and direction of any personnel, employee or volunteer to whom Volunteer has been assigned to perform services, and to participate in any training required by the MOA in order to perform the voluntary services.
 11. I agree to follow all MOA rules and regulations, including required use of any provided personal protective equipment (PPE) gear and equipment.
 12. As a Volunteer, I am responsible for maintaining the confidentiality of all proprietary or privileged information to which I am exposed while serving as a volunteer, whether this information involves a member of staff, volunteer, client or overall business of the organization.

I hereby certify by my signature below that information about MOA records, clients, cases, or staff is confidential. Volunteers are prohibited from discussing or disclosing confidential information. I understand that by doing so would be a serious violation of policy and will result in the termination of my participation with the Municipality of Anchorage Animal Care and Control Center's Volunteer Program.

13. I agree to abide by MOA policies and rules and understand they are subject to change at the sole discretion of the MOA at any time.

14. I further understand my volunteer position is terminable at any time, either by myself or MOA, regardless of the length of my tenure as a volunteer.

I understand that my signature below grants the MOA permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand that these materials will become the property of the MOA and will not be returned. I am 18 years of age and am competent to contract my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. (PLEASE CHECK BOX)

I acknowledge I have read and fully understand the terms and conditions of the Volunteer Agreement and agree to comply with the same.

IN WITNESS WHEREOF, the Volunteer has executed this Volunteer Service and Release Agreement as of the date below.

Printed Name: _____

Signature: _____ Date _____

Volunteer Coordinator Signature: _____ Date _____