

CatSpan Ferals Registered Charity Foster Home Volunteer Application



Applicant Name:	
Home Address:	
Email:	
Phone:	
All Foster Home Volunteers must be at least 18 years of age. <input type="checkbox"/> Yes, I am 18 years of age. Please note, the entire family is welcome to participate in cat care.	
Do you own your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
If you rent, do you have permission from your landlord to foster? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please provide us with your landlord's contact information.	
Do you have any other animals in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.	
I understand that CatSpan cannot guarantee the health or behavior of any foster cat.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a separate room with natural light and secure windows and doors for foster cats? A spare bedroom or den is ideal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have at least 2-3 hours per day available to care for and socialize foster cats and kittens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you usually available to foster a cat/kittens for at least 2-3 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a reliable vehicle to drive foster cats to and from veterinary appointments and to pick up supplies from our lockers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any experience administering medications to cats or bottle-feeding kittens? Any experience fostering cats? Please provide details of any/all experiences.	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of foster situation are you most interested in? <input type="checkbox"/> Pregnant cat <input type="checkbox"/> A cat with special medical needs to get well <input type="checkbox"/> Mother cat with kittens <input type="checkbox"/> Kittens or cats that need socializing <input type="checkbox"/> Orphaned kittens	
Why do you want to volunteer with CatSpan as a foster home provider?	
Please tell us about your previous volunteer experience.	
Who may we contact as a reference?	

Applicant Signature: _____ Date: _____