



Save a Life! Become a Foster Parent

Who Should Foster?

Anyone willing to make the commitment to directly save a life is an ideal foster parent. Fostering is great for people who want to help, but prefer to do it at home around their own schedule. For example, a mother with a litter is ideal for a person with a busy lifestyle. The “momma cat” does most of the work. You simply provide a clean home, safe environment, food/water, and TLC. Note: Kittens without a mom are suitable for someone who is able to feed and tend to them every three to four hours - until they are old enough to be left alone for longer periods of time.

What to Expect.

Being a foster parent can provide you with a feeling of satisfaction, knowing that you’ve directly saved a life by giving it a second chance. Not only are newborns in need of fostering, but we also have many animals that have been abused or neglected and need some extra love and attention in a foster home. These animals need socialization and a loving, safe environment in which to recuperate. Fostering animals requires a lot of TLC. You may be asked to provide minor medical care, such as administering antibiotics or treating ear mites. You should always be prepared to bring the animal in for additional medical attention and vaccinations.

Any Expenses?

spcaLA provides all supplies necessary to care for a foster animal. However, any of the materials that you can provide will help offset costs and will go to saving more animals.

How Long is the Commitment?

The length of fostering time varies with each case. Animals can be in your home from a week to a month or more depending on the animal’s health and circumstance. The length of stay can be approximated prior to a fostering commitment to allow for personal plans.

Will My Pets Be Affected?

By giving your pets reassurance, most have no trouble adjusting to strange animals in the house. Foster animals should not come in contact with your pets and we recommend restricting your fostering activities to a separate room or area of the house. The spcaLA is unable to treat personal pets should they become ill.

How do I Become a Foster Parent?

Please complete and return the attached forms to: Arlene Hall, spcaLA Medical Department, 12910 Yukon Ave., Hawthorne, CA 90250. If you have any questions, please call 310.676.1149 ext. 222



Dear Prospective Foster Volunteer:

Thank you for your interest in the Society for the Prevention of Cruelty to Animals Los Angeles Foster Program. We are looking for volunteers who can provide temporary shelter, care, and love for potentially adoptable animals and to increase their chances of survival. A home environment with either no other animals or the ability to isolate foster care animals from your own personal animals is a must. Animals from the shelter have been exposed to sometimes contagious diseases and the *spcaLA* is not able to treat your personal pets should they become ill.

The *spcaLA* Medical staff can find the appropriate foster animal that will fit your lifestyle.

Note: Kittens and puppies cannot be fostered into a household that has children under the age of twelve.

Before you can begin your work as a foster parent, you must first complete a foster volunteer application and attend our two hour training class. This class will familiarize you with our organization's volunteer policies and help prepare you for your work with *spcaLA*. This is a mandatory orientation for all new foster parents.

Foster orientations are held once a month. You will receive an e-mail informing you of the next available dates upon acceptance into the program.

Please complete the attached application and return it to

Arlene Hall
spcaLA Medical Department
12910 Yukon Ave.,
Hawthorne, CA 90250

Thank you for your help,

Maggie Shehata
Volunteer Coordinator
(323) 730-5300 ext. 255
www.spcala.com



| |
|------------------------|
| <i>Office Use Only</i> |
| Received: |
| Contacted: |
| email mail phone |
| Orientation: |

FOSTER VOLUNTEER APPLICATION

When filling out this application: Please print clearly and remember to include your information in-full. The e-mail address you check daily is necessary because most communications are done through e-mail.
Applications with P.O. Boxes will not be accepted into the program.

NAME: _____ BIRTHDATE (month/day) : _____ / _____

ADDRESS: _____ CITY: _____

E-MAIL: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE _____

WORK PHONE: _____ May we call you at work? _____

EMPLOYER: _____ OCCUPATION: _____

WHAT IS THE BEST WAY TO CONTACT YOU? _____ email _____ phone _____ mail

*Please be aware that **EMAIL** is our primary source of communication. It is faster, easier, and all the savings on cost go directly back to the care of our animals.*

How did you find out about our Foster Program? _____

Please tell us briefly why you would like to become a spcaLA Foster Volunteer _____

Have you ever adopted an animal from spcaLA? _____

Have you ever surrendered an animal to an Animal Shelter? _____

What companion animals do you have now? _____

Are they spayed and/or neutered? _____ If not, please explain. _____

Have you ever cared for puppies or kittens before? _____

Have you ever given medication to sick animals before? _____

spcaLA does not treat certain contagious conditions and illnesses. Although we make every effort to see that our animals are cared for and adopted, there are instances when an animal may be humanely put to sleep. How do you feel about this? _____

Do you feel emotionally capable of "letting go" of animals, regardless of the outcome? _____

We try to foster the healthiest animals but due to unforeseen circumstances, a foster animal may die in your care, how would you feel about this? _____

Do you have any prior experience as a volunteer? If yes, for what organization? _____

Are you able to perform the essential functions of Fostering, either with or without reasonable accommodation? (i.e., due to any physical, medical, or psychological limitations or disabilities). If no, please explain the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)

Are there any restrictions such as work/school schedule that may affect your availability to foster?

When will you be ready to begin fostering?

Please check your foster animal pick-up location preference:

- _____ *spcaLA*'s PD Pitchford Companion Animal Village in **Long Beach**
- _____ *spcaLA*'s South Bay Pet Adoption Center in **Hawthorne**
- _____ No Preference

If a foster needed immediate medical attention, are you able to provide the necessary transportation?

Foster Care Profile

Name: _____ Phone#: _____

Household Information

Living Accommodations: _____ Rent _____ Own Home _____ Other Does

your lease or Landlord allow pets? _____ Yes _____ No

Can you keep your fosters separate from your own pets?

Describe primary area where animal(s) will be cared for: _____

Do you have a fenced yard? _____ Yes _____ No Fence height? _____ What is it made of? _____

Animal Care Information

Do you have other pets now? _____ Yes _____ No How many? _____ Breed: _____

Sex: _____ Age: _____ Are they neutered or spayed? _____ Yes _____ No

Any behavioral concerns or chronic illnesses? _____ Yes _____ No If yes, please explain: _____

When were they last vaccinated? _____

How many weeks can you foster an animal? _____ How many can you foster? _____

Circle time away from home? Home all day Out part-time away 7-10 hours a day

Who will care for the foster when you are not at home? _____

Do any of the members of your household have allergies to pets? _____ Yes _____ No If yes, how will you cope with them? _____

What Kind of animal(s) would you like to foster?

_____ Injured or ill adult cats _____ Injured or ill adult dogs _____ Kittens which
need bottle-feeding* _____ Puppies which need bottle-feeding _____ Kittens eating on their
own* _____ Puppies eating on their own _____ Mother with kittens*

_____ Mother with puppies

_____ Cat for socialization _____ Dog for socialization (Sm., Med., Lg.)

_____ Animal Protection Services (APS) Cat* _____ Animal Protection Services (APS) Dog

_____ Animal Safety Net (ASN) Cat _____ Animal Safety Net (ASN) Dog

Other _____

*Most kittens will need some form of medical treatment

Volunteer Applicant Agreement

In anticipation that you will be accepted into the Society for the Prevention of Cruelty to Animals Los Angeles Volunteer Program, please read and sign the agreement below. In signing this agreement, I understand and agree to the following:

I will familiarize myself and comply with the spcaLA's policies and procedures applicable to volunteers. In particular, I fully understand that the spcaLA expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a Volunteer. I agree to abide by the policies and procedures presented to me at the volunteer orientation and any subsequent training.

I will treat all animals, people, and property I come in contact with at the spcaLA with respect. I will refrain from using profanity and conduct myself with courtesy at all times.

I will wear an spcaLA apron and name badge while volunteering. I will come appropriately dressed, wearing close-toed shoes, pants, and clothing appropriate for my position. **If I am wearing shorts or open toed shoes I may be asked to leave due to safety risks.**

I agree to be supervised by the Volunteer Coordinator or a designated staff person. If I feel that a communication problem exists between paid staff and myself, I will report the problem to the Volunteer Coordinator as soon as possible.

I will report any accident or injury to my supervisor immediately so an accident/injury report can be filled out.

I understand that public relations are an important part of a Volunteer's activities. I give the spcaLA the right and permission to use my name, likeness, and voice, together with my endorsement or testimonial (whether written or oral), in all types of advertising and promotion. This right and permission includes photographs, video recordings, audio recordings, and all other media in which my name, likeness, or voice may be reproduced. I ask that the spcaLA use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release media for the public relations purposes.

I will take any ideas, constructive comments, suggestions and criticisms directly to the Volunteer Department. spcaLA will own any materials and inventions I prepare or make that are related to my job, whether or not made on my own time or in a volunteer capacity. spcaLA will also own any materials or inventions I prepare or make during work or donated volunteer hours or using spcaLA resources or facilities. I will sign any additional papers spcaLA requests to allow spcaLA to obtain patent, copyright, or trademark protection in its name for these materials and inventions.

I understand that as a volunteer I may gain access to information about spcaLA, customers, or staff that is confidential. I agree to maintain confidentiality and to refuse disclosure of any information that is either private or personal.

To the best of my ability, I agree to care for the foster animal as if it were my own; to provide love, food, exercise, medical attention (if needed) and companionship. If for any reason, I am unable to care for the foster animal or the foster animal is incompatible in my home, I agree to return the animal to spcaLA. I will not sell the foster animal. I will not give away or seek to adopt out the foster animal.

Volunteering at the spcaLA is at-will. Active volunteer status at spcaLA may be terminated for any reason, with or without cause or notice, at any time by either parties-the volunteer or spcaLA. I understand that if I have no reported hours for three (3) months, my active status as a volunteer will be removed. When I am no longer able to volunteer, I will return my name badge and apron for deactivation.

Volunteer Signature

Date

Print name

Parent/Guardian Signature (if under 18 years)

Date

Print Parent/Guardian name



spcaLA Harassment Policy

The Society is committed to providing a work environment that is free of harassment. Harassment based on an individual's race, color, religion, sex, national origin, ancestry, age, medical condition (cancer-related condition), physical or mental disability, genetic characteristics, Vietnam Era veterans status or disabled veterans status, marital status, sexual orientation or any other legally-protected characteristic will not be tolerated. All employees are expected to abide by the policy.

Definition of Sexual Harassment

Sexual harassment refers to behavior of a sexual nature that is unwelcome and personally offensive to its recipients. Sexual harassment is a form of employee misconduct that is demeaning to another person and undermines the integrity of the employment relationship. For example, unwanted physical contact, foul language of an offensive and sexual nature, sexually oriented propositions, jokes or remarks, obscene gestures or the display of sexually explicit pictures, cartoons, screen savers or other materials, or improper use of the computer system to harass others may reasonably be considered offensive to another employee and, thus, should not occur. This policy applies to both direct, personal interactions and communications accomplished through the Society's e-mail, voicemail, computer and online systems. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute 'sexual harassment' when:

- a) **submission to such conduct is made explicitly or implicitly a condition of your employment;**
- b) **submission to or rejection of such conduct is used as a basis for an employment decision affecting you; or**
- c) **the harassment has the purpose or effect of unreasonably interfering with your work performance or creating an environment that is intimidating, hostile or offensive to you.**

Complaint Procedure

If you feel that you have been harassed based on your race, color, religion, sex, national origin, ancestry, age, medical condition (cancer-related condition), physical or mental disability, genetic characteristics, Vietnam Era veterans status or disabled veterans status, marital status, sexual orientation, or other legally protected characteristic, you should immediately report the matter to your supervisor. If that person is unavailable or if you believe that it would be inappropriate to contact your supervisor, you should immediately contact the Human Resources Department.

A prompt investigation will be conducted and appropriate corrective action will be taken where it is warranted.

Any supervisor or manager who becomes aware of any possible sexual or other unlawful harassment should immediately advise the Human Resources Department, for an investigation of the matter. All complaints of unlawful harassment will be investigated in as discreet and confidential a fashion as possible. No person will be adversely affected in employment with the Society as a result of bringing complaints of unlawful harassment.

Any employee engaging in improper harassment will be subject to disciplinary action, including possible termination of employment.

We encourage you to use the Society's procedure for resolving complaints of harassment, including claims of sexual harassment, and we believe that this procedure is effective. However, you may file complaints of discrimination, including complaints of sexual harassment or retaliation for having made claims of sexual harassment, with the California Department of Fair Employment and Housing ("DFEH"). If the complaint is not resolved by DFEH, it may be heard by the California Fair Employment and Housing Commission ("FEHC"). FEHC may dismiss the complaint or may order a variety of remedies such as hiring, reinstatement, actual damages, compensatory damages or penalties. The DFEH can be contacted at 1-800-884-1684. You can contact the nearest field office of the EEOC by calling 1-800-669-4000. You should be aware that both federal and state law provide time limits within which complaints must be filed. Therefore, you should contact the relevant agency to determine the applicable time limit

I, _____ received this policy on _____, 2008.
(print name) (date)

Signed: _____



Volunteer Background Checks

To better protect any members of vulnerable populations (children, animals, elderly persons, physically or mentally disabled persons) and in compliance with our general liability insurance, we may run background checks on spcaLA volunteers.

Using the information provided on the attached form, spcaLA will check for arrests or convictions of crimes. If a specific arrest or conviction appears on someone's record, we are notified of that fact, without details. If nothing shows up on the check, we receive that information only. We do not receive any information about driving records or other history.

If you have been convicted of a crime, please describe the details and dates on a separate sheet of paper and submit it with your application. The information you provide will be taken into consideration when we review your application. Your application and any other information you provide is kept confidential.

Should you have any questions regarding this form, please contact Maggie Shehata, Volunteer Coordinator at 323.730.5300 x255 for more information.

Volunteer's Name: _____ Date: _____

Driver's License: _____ State: _____

Background information may be necessary in order for you to volunteer at the spcaLA. Refusal to provide the necessary information may result in denial of volunteer applicant's acceptance into the Volunteer Program. You do, however, have the right to refuse to answer any or all questions. If, indeed, you feel the need to do so, please write, "Refuse to Answer".

1. Have you ever been convicted of a felony? _____

2. If so, what was the crime and when were you convicted? _____

3. How long have you been at your present residence? _____

4. If less than one (1) year, please list your previous address: _____

I hereby affirm the information given above is true to the best of my knowledge and give the spcaLA permission to use said information in order to obtain data regarding my background.

Signature _____ Date _____



Waiver, Release, and Indemnification Agreement

This agreement is entered into with The Society for the Prevention of Cruelty to Animals Los Angeles (spcaLA) jointly by the undersigned _____ (print your name), in order to permit the Volunteer to participate in the spcaLA Volunteer program. This Agreement is for the benefit of the spcaLA and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "Indemnitee" and collectively as "Indemnites").

Volunteers have been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. As such, the spcaLA cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that the following are some, but not all, of the risks associated with working with the spcaLA:

Bites or scratches from dogs, cats, rabbits, rodents, reptiles, and birds
Being knocked down or pulled excessively by a dog
Injuries relating to wrist/hand/fingers from a dog leash
Slips/trips/falls resulting from wet floors, kennels or equipment
Hitting heads on objects such as cage doors/kennel walls/hose boxes, etc.
Water or cleaners sprayed in eyes
Injuries resulting from cage doors, equipment, etc.
Flea/tick bites or ring worm infestation
Internal or external parasites
Zoonotic illnesses (human illness contracted from animals)
Animal illness exposure to animals at home
Injuries related to lifting animals, food, litter, or equipment
Injuries caused from grooming equipment-such as clippers, shears, driers, etc.
Exposure to cleaners, latex gloves, bleach, parasite control products
Exposure to or incidents relating to the public (outbursts, inappropriate contact)
Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact)
Loss of personal property
Any type of damage to car while parked on spcaLA grounds
Damage to clothing from animals, cages, chemicals, etc.

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation at the shelter. Volunteers agree that spcaLA and Indemnites shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of spcaLA, any Indemnitee, or a third party. I understand that if I am injured while acting as an unpaid member of the volunteer staff, that I am not covered by California State Worker's Compensation Law. My services to the spcaLA are provided strictly in a voluntary capacity as a Volunteer, and without any express or implied promise of salary, compensation, or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, worker's compensation accrual in any form, vacations, or sick time.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates at the shelter. On behalf of myself, and my heirs, personal representatives, and assigns, I hereby release, discharge, and indemnify and hold harmless the spcaLA and its directors, officers, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my Volunteer activities on behalf of the spcaLA.

Volunteers fully, completely, and unconditionally waive and release each Indemnatee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteers may have now or in the future against spcaLA or any Indemnatee relating to participation at the shelter.

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public at the shelter. Should an accident or other medical emergency, injury or illness occur while participating at the shelter or while Volunteer is en route to or from spcaLA-sponsored events and spcaLA staff members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for spcaLA staff members to authorize necessary hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery, and medication.

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

The spcaLA feels it is important to have a tetanus vaccination before joining the volunteer team. I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release the Society for the Prevention of Cruelty to Animals Los Angeles from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.

Volunteers represent and warrant that each of them has the authority to enter into this agreement.

If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

Volunteer: _____ Date: _____
(Signature)

Parent (if volunteer is under 18): _____
(Signature)

Home phone #(s): _____ Cell phone #(s): _____

Emergency contact/number: _____

Medical Information:

(Name of insurer)

(Policy Number)

(Insurer's telephone number)

(Physician's name)

(Physician's telephone number)