

Faery Tails Corgi Rescue of St. Louis Inc.

Box 190816, St. Louis, MO 63119 www.corgirescuestlouis.org Telephone: (573) 243-4955

VOLUNTEER / FOSTER APPLICATION

We will contact you (email preferred) to confirm that we have received your application.

DATE _____

GENERAL INFORMATION

NAME	NAME (S)		AGE (S)	
ADDRI	ESS			
CITY, S	STATE, ZIP			
HOME	PHONE		WORK PHONE (S)	
*If no pl discarde	hone number is given, this application v	will be		
GOOD	TIME OF DAY OR EVENING TO	O CALL		
E-MAI	L(S)			
DRIVE	DRIVERS LICENSE NUMBER (S) STATE			
What is	your occupation or student status?			
Is your	work or school seasonal?			
I live in	a:	If Applica	ble:	
	House		allowed where you live?	
	Duplex	-	-	
	Apartment	Name	e and phone number of apart	tment, management, or landlord:
	Condo			
	Mobile Home			
	Other: explain			
Do you				
	Own			
	Rent			
	Other arrangements, explain			
			ē .	pove, you grant us permission to
		conta	ct your landlord.	

How long have you been at this address?

Are there any restrictions on pets where you live (breed, number owned, size, etc) if you are interested in fostering?

Do you have a fenced yard or area for the dog? Describe your fence (height, material such as chain link, wood, etc) and yard (size, grass, gardens, pool, ponds, wooded, etc). If you do not have a yard, what arrangements will you have for the dog's exercise and toilet duties? – Applies to foster homes only.

How many hours a day would the dog typically be left alone? (fostering)

Are yo	u:		
	Married		
_	C ! 1		

Single

- \Box Have a partner
- \Box Have a roommate
- □ Divorced

HOUSEHOLD MEMBERS

Please tell us about the members in your household - including those that are part time members (i.e. grandchildren, stepchildren, neighbors who visit regularly, etc).

Does everyone approve of volunteering/fostering?

Name	Age	Relation to you	Full or Part time member	Used to Dogs?

Does any member of the household have allergies? Please explain:

CURRENT PET INFORMATION

Please list all <u>current</u> pets. Please include roommate's pets, pets that regularly visit such as family pets that stay with you, etc.

Name	Type or Breed	Sex	Age	Spayed/ Neutered	How long owned or Relationship to you

PET HISTORY

In the table above, Please list pets you have owned in the past three years (not under current pets).

Name	Type or Breed	Sex	Age	Spayed/ Neutered	How long owned & reason no longer with you

VETERINARIAN:

Please list your current vet, or the vet who saw your former pets if applicable. If you do not currently have a vet, please list the vet you plan on using.

Veterinarian's Name	Clinic's Name	Address (city & state)	Phone Number

When was your last vet visit and what was it for?

May we contact your vet?

VOLUNTEER INFORMATION

Please answer the following questions

Have you read any books on dog care or training? Please list:

Have you ever volunteered for an animal related group before? Please list organization (s):

In what way are you interested in helping – adoption/special events, fostering, fund-raising, transporting dogs, etc.?

Are you agreeable to having a representative visit you in your home before volunteering?

As a fully volunteer organization, it is vital that we are able to work well together. When possible group decisions are made, and at other times decisions will be made by the director. Do you agree to abide by and follow such decisions?

FOSTER INFORMATION

Please answer the following questions if you are interested in fostering a dog.

I am interested in fostering (please circle):

Welsh Corgis	Welsh Corgi Mix Dogs	Doesn't matter – whatever dog needs me most.
Are you considering fostering on a long -te for others it's taken over six months. Typic		

placed? Please be specific. Have you ever house trained a dog before? Have you ever obedience trained a dog before? If you used a trainer or facility, who did you use? Are you willing to maintain training and/or behavior Where will the dog stay during the day? management techniques, as necessary, to benefit an At night? individual foster dog, even if it is different than how

How would you discipline your foster dog and for what undesired behavior(s)?

you would choose to handle your own dog (crate

training for example)?

Are you willing to return the foster dog to Faery Tails Corgi Rescue of St. Louis Inc. (FTCR) if at ANYTIME it is deemed necessary and in the dog's best interest to do so?

Do you agree not to place a FTCR foster dog independently?

If a foster dog is not immediately available, are you willing to wait?

PLEASE FILL OUT THE REFERENCES ON THE NEXT PAGE. PLEASE ADVISE YOUR REFERENCES THAT YOU LISTED THEM SO THEY CAN EXPECT A CALL. WE ALSO REQUIRE A VETERINARY REFERENCE – IT IS IMPORTANT THAT YOU NOTIFY YOUR VET CLINIC AND GIVE YOUR CONSENT FOR THEM TO RELEASE INFORMATION TO OUR ORGANIZATION.

How did you find out about our group? Please be as specific as possible.

- NewsFrom a friend/relative
 - nd/relative p
- □ Signs
- □ Petfinder
- Our main website
 Another Corgi or German Shepherd related group/club:

Which one?

please list below.
Newspaper, which one?
Humane society, pound, animal control, other rescue group, etc. Please list below.

 \Box Other online source,

- Referral from dog related professionals (Veterinarian, trainer, kennel, etc) Please list name of person or organization below
- □ Other source not mentioned here:

I (WE) HAVE ANSWERED TRUTHFULLY AND UNDERSTAND IF ANY INTENTIONAL FALSE STATEMENTS HAVE BEEN GIVEN THIS APPLICATION WILL BE VOIDED.

Signature of Applicant	Date
Signature of Co-Applicant	Date

* Note: If you are under the age of 18 years of age, a parent or guardian must also sign this application.

Please return this **signed** application to: FAERY TAILS CORGI RESCUE OF ST. LOUIS INC. Box 190816 Saint Louis, MO 63119

Please enclose a \$5.00 donation. This donation will directly benefit the rescue dogs. It takes into consideration the time, effort, and expense involved to carefully place our dogs into adoptive homes.

THANK YOU FOR YOUR INTEREST IN OUR NON-PROFIT VOLUNTEER ORGANIZATION. ONE OF OUR REPRESENTATIVES WILL BE IN TOUCH WITH YOU AS SOON AS POSSIBLE.

WE RESERVE THE RIGHT TO REFUSE AN APPLICANT

REFERENCES

Please list three references – include one neighbor, and at least one reference that is not related to you.

Name(s)	Relationship:
Email Address	1
Phone Number(s)	

Name(s)	Relationship:
Email Address	
Phone Number(s)	

Name(s)	Relationship:
Email Address	
Phone Number(s)	