

IN-HOME CARE VOLUNTEER APPLICATION – MOV Animal Safe Haven



CONTACT INFORMATION

Name:	Date:	Volunteer ID:
Address:		
Cell Phone:	Other Phone:	
Emergency Contact:	Emergency Contact Phone:	
Email:	Other:	

YOUR EXPERIENCE

- Be as honest and forthcoming in your answers below. The more information we have regarding your experience and preferences, the better job we can do at aligning you with animals that fit your abilities and comfort level.

Describe in detail your animal experience.

Describe your general availability on a daily basis. How many trips per day will you be available to care for a client's pets?

Describe any tasks or situations that you are not comfortable with or might affect your ability to provide a client in-home care for their pet. Specifically anything that you cannot comfortably do. Such as pill a cat, give an animal an injection, walk a large dog, etc. Things that we may need to know in assigning you a pet to care for.

Describe any scheduled or planned trips or events that would affect your availability in the coming year if known. Include dates and duration if known at this time.

REFERENCES

- Please provide references that have knowledge of your experience with animals and/or direct knowledge of your trustworthiness and dependability.
- Also notify your references that we will be contacting them and for what reason. Their understanding and availability will accelerate our processing of your application.

1 st . Ref. Name:	Relationship to you:
Address:	
Cell Phone:	Other Phone:
Email:	Best time to contact:
Feedback from reference:	

2 nd Ref. Name:	Relationship to you:
Address:	
Cell Phone:	Other Phone:
Email:	Best time to contact:
Feedback from reference:	

FOSTERING PREFERENCES

- Be as honest and forthcoming in your answers below. The more information we have regarding your experience and preferences, the better job we can do at aligning you with animals that fit your abilities and comfort level.

<p>What type of pets are you prepared to care for?</p> <p> <input type="checkbox"/> Dogs/puppies <input type="checkbox"/> Cat/kittens <input type="checkbox"/> Birds <input type="checkbox"/> Fish <input type="checkbox"/> Reptiles <input type="checkbox"/> Rabbit <input type="checkbox"/> Pocket Pets (guinea pigs, hamster, mice,) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Farm Animals – horses, cows, goats, pigs, etc. Please specify: _____ </p> <p>Please provide any specifics around your preferences above that we should know about. That is, size or breed of dog that you prefer not to handle. Personality or energy levels that you are not comfortable with, etc.</p>
<p>How long are you willing to volunteer for?</p> <p> <input type="checkbox"/> 1 week <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> As long as I am needed </p>

IN-HOME CARE VOLUNTEER AGREEMENT - MOV Animal Safe Haven

I agree that as a volunteer that I will provide quality care including but not limited to food, water, grooming, exercise and medical treatment as instructed and needed for the pets under my watch.

I agree to follow the instructions provided by the owner with regard to feeding, exercise, confinement, and medicating (if applicable). Including but not limited to amounts, frequency, schedule, etc. with consideration to flexibility in timing to be expected based on other commitments and responsibilities I have, I will try to meet schedule as defined to the best of my ability.

I understand that it is my responsibility to make regular and routine visits to the home and based on the animals under my care, visit at least daily (for cats) and at least twice a day for dogs to ensure they receive quality care and attention.

I understand that the owner or MASH will provide medication and supplies for the care of the pets as needed and as I make them aware of said need. This may include food, bedding, toys, collar and leash, etc.

I understand that I am to notify the MASH coordinator IMMEDIATELY in the event that the animals under my care become sick, injured or lost. I understand I am to provide medical attention at the approval and direction of the MASH Coordinator only. Veterinary care not approved and directed by MASH will be at my expense. All other medical treatment will be at the expense of the owner or MASH.

I understand that I am to provide weekly updates on the condition of the pets under my purview to the MASH coordinator and to the owner via the communications approach delineated for the client by the MASH coordinator.

If for any reason I am unable to continue to care for the animals under my watch, I will notify the coordinator immediately and preferably provide at least 24 hour notice if for some unforeseen circumstance arises that causes me to no longer be able to meet the requirements of this caretaking.

I understand that I will not be held liable or responsible for the condition of the animals under my watch before or after being cared by myself, but am responsible for providing the best care possible and keeping the coordinator informed of any problems or concerns I may have.

Volunteer Signature: _____ Date: _____

MOV Animal Safe Haven Representative: _____ Date: _____