



Rutherford County, Tennessee Application For Foster Volunteer

We appreciate your interest in foster volunteering with Rutherford County Government. The County provides equal and advanced opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status or any other classification protected by law. Please take a few moments to complete this application in your own handwriting, in ink.

PERSONAL DATA:

Date: _____

Name (Last, First, Middle): _____

Address: _____ Cell Phone: _____ Phone: _____

City, State Zip: _____ E-mail: _____

Department Desired: _____

Position Desired: _____

Are you a U.S. citizen, or do you have the legal right to be in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Are you able to perform the essential functions of the foster volunteer position for which you are applying? Either with or without a reasonable accommodation? Yes No

If you answer yes to any of the following, please explain below.

Have you ever worked/volunteered for Rutherford County Government? Yes No

Have you ever been discharged or asked to resign from a foster volunteer program? Yes No

Have you lived in another state in the last 10 years? Yes No

EDUCATION:

High School Name	Address	Circle Years Completed	Date Diploma Received	Type of Diploma Received
		Freshman Sophomore Junior Senior		

PROFESSIONAL REFERENCES: Please list three (3) persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying. Please note that the references may be contacted.

Name	Employed By	Phone	Occupation	Years Known

VOLUNTEER/WORK HISTORY: List below present and past volunteer programs and/or relevant employers, beginning with your most recent.

Name and Address of Organization and Type of Programs Provided	From		To		Starting Salary	Ending Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Position: Describe the work you did:						
Supervisor:							
Phone:							

May we contact this agency? Yes No If not, why? _____

Name and Address of Organization and Type of Programs Provided	From		To		Reason for Leaving
	Mo.	Yr.	Mo.	Yr.	
	Position: Describe the work you did:				
Supervisor:					
Phone:					

May we contact this agency? Yes No If not, why? _____

Name and Address of Organization and Type of Programs Provided	From		To		Starting Salary	Ending Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Position: Describe the work you did:						
Supervisor:							
Phone:							

May we contact this agency? **Yes** **No** If not, why? _____

Name and Address of Organization and Type of Programs Provided	From		To		Starting Salary	Ending Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Position: Describe the work you did:						
Supervisor:							
Phone:							

May we contact this agency? **Yes** **No** If not, why? _____

ADDITIONAL INFORMATION:

Qualifications for foster volunteer opportunity?

Experiences and training related to foster volunteer position applying for?

Where else have you foster volunteered and what were your duties?

Explain why you are pursuing this foster volunteer opportunity?

If selected, when could you begin foster volunteering for Rutherford County?

CONFIRMATIONS:

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further considerations and may be considered justification for dismissal if discovered later.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted. I understand I am applying for a County foster volunteer opportunity and my application becomes part of public record and may be viewed upon request.

I understand for consideration I may be subject to screening requirements including but not limited to drug screening, background check, reference check, felony search, sex offender search, criminal records check, and fingerprinting. I hereby authorize the County to conduct all inquiries as described to be conducted either pre or post approval for foster volunteering. I release the County and all providers of information from any liability arising out of the gathering and use of such information. I understand that screening may impact continuation of foster volunteer opportunities.

I understand that if selected by the County to foster any animal, I must complete the county required paperwork and screenings before foster volunteering with the county.

I understand that although the animals I foster may appear to be healthy (unless otherwise notified), there is always the possibility the animal could still carry a disease or have an underlying medical issue that has not been previously identified. I further understand and agree that there are inherent risks in coming into contact with any animal, that the behavior of animals is unpredictable, and that some animals are capable of inflicting serious personal injury or death, as well as significant property damages. It is not possible for PAWS or its staff to guarantee the temperament and/or behavior of any animal at all times and under all circumstances. As such, by signing below, I expressly assume and all risks attendant to any animals I foster.

By signing below, I agree to release and to hold harmless Rutherford County, Tennessee and employees, officials, trustees, agents and assigns from any cause of action, claim, suit, or demand of any nature whatsoever including, but not limited to, claims of negligence or claims of personal injury, death, or property damage arising from or related to me fostering any animals.

I understand that nothing herein shall be construed or intended to create a partnership, joint venture, principal and agent relationship, or employment relationship.

Applicant Signature

Date

Please send the completed application and supporting documents to:

Rutherford County PAWS Via Fax 615-898-7994 Or Email to paws@rutherfordcountyttn.gov

For questions concerning this application, please contact PAWS at (615) 898 - 7740.



Rutherford County

Pet Adoption & Welfare Services

Foster Agreement

- I confirm that I am voluntarily offering to foster and I hereby enter into this Foster Agreement freely and with full knowledge and acceptance of my responsibilities hereunder. I understand that I shall receive no monetary compensation or any other goods or services in return for my voluntary agreement to become a foster person. (this includes a waived or reduced adoption fee).
- I am committing to fostering each animal for at least two (2) weeks or until the animal is of weight and age to be spay/neutered and placed up for adoption.
- I understand if I need to return my foster animals, I will provide 4 days' notice to PAWS to allow PAWS to find a new foster person to be found or appropriate kennel space to be assigned.
- I will not travel outside a 20-mile radius of the PAWS shelter with my foster animals.
- I will not transfer any foster animal to another foster person, the shelter, or any other individual or entity without prior approval from the PAWS Foster Coordinator.
- I will use the marketing form to submit good quality pictures/videos and fill out the personality questions for a bio in a timely manner.
- I understand that PAWS retains legal ownership of each foster animal and that I have no ownership rights to any foster animal. I further understand that PAWS has sole discretion regarding custody placement and the transfer of any foster animal. Notwithstanding, I understand that I have a duty to ensure the safety, wellbeing, and care of any animal I foster, and I agree to act in accordance with such duty.
- I will immediately report any medical issues to the PAWS Foster Coordinator, and I fully understand that PAWS will NOT reimburse me for the cost of ANY medical care outside of the approved veterinary clinic.
- I understand that although the animals I foster may appear to be healthy (unless otherwise notified), there is always the possibility the animal could still carry a disease or have an underlying medical issue that has not been previously identified. I further understand and agree that there are inherent risks in coming into contact with any animal, that the behavior of animals is unpredictable, and that some animals are capable of inflicting serious personal injury or death, as well as significant property damage. It is not possible for PAWS or its staff to guarantee the temperament and/or behavior of any animal at all times and under all circumstances. As such, by signing below, I expressly assume any and all risks attendant to any animals I foster.
- By signing below, I agree to release and to hold harmless Rutherford County, Tennessee and employees, officials, trustees, agents and assigns from any cause of action, claim, suit, or demand of any nature whatsoever including, but not limited to, claims of negligence or claims of personal injury, death, or property damage arising from or related to this Foster Agreement or the animals that I foster hereunder.
- Nothing in this Agreement shall be construed or intended to create a partnership, joint venture, principal and agent relationship or employment relationship.
- I will only foster if my resident animals are fully up-to-date on their vaccinations.
- I agree to follow and be bound by the Foster Handbook provided to me by PAWS.

By signing below, I agree to all the terms and conditions set forth above.

Foster's Name (print)

Date

Foster Signature

PAWS Foster Coordinator name and date



PAWS Foster Sign-Up

PAWS now has a Foster Program for orphaned, neonatal puppies and kittens. By filling out this form you are agreeing to be contacted by our Foster Coordinator when we are in need of placing animal(s).

Name: _____ Phone: _____

Email: _____

Address: _____

Total number of children in the home & age of children: _____

Type and total number of animals currently in the home: _____

I am interested in fostering (check all that apply):

Puppies

- Bottle Babies (0 – about 4 weeks)
- Syringe Gruel (3 – about 6 weeks)
- Gruel/Kibble (5 weeks and up)
- Unsure – willing to learn!

Kittens

- Bottle Babies (0 – about 4 weeks)
- Syringe Gruel (3 – about 6 weeks)
- Gruel/Kibble (5 weeks and up)
- Unsure – willing to learn!

Do you have experience bottle feeding? Yes No

If yes, please explain your experience: _____

RUTHERFORD COUNTY
VIDEO, AUDIO AND PHOTOGRAPHY RELEASE

I. RIGHTS WAIVED.

a. *Purpose.* This Rutherford County Video, Audio, and Photography Release (“Release”) applies to photographic, audio, or video recordings generated as part of the following:

The photographs, audio recordings and/or video recordings are being collected on or about ON-GOING (date), for the following purpose: **Promotion and education of Rutherford County volunteer programs and other programs and services**

b. *Personal Images.* I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video to Rutherford County, Tennessee without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed, and I waive the right to inspect or approve the finished product wherein my likeness appears. Further, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand and agree that this material may be used in diverse settings within an unrestricted geographic area.

c. *Property.* If applicable, I hereby grant Rutherford County and its representatives the right to photograph, audio record, or video record the following real property (list address) and/or personal property listed below without payment or any other consideration. I understand that such images may be edited, copied, exhibited, published or distributed, and I waive the right to inspect or approve the finished product. Further, I waive any right to royalties or other compensation arising or related to the use of such image or recording. I also understand and agree that this material may be used in diverse settings within an unrestricted geographic area: _____

II. USES.

a. *Generally.* By signing this Release, I acknowledge that I support Rutherford County’s efforts to develop community informational and educational video programs for the community. I understand that all recording or photography done by Rutherford County or its representatives will be utilized for community information, educational enrichment, and/or any governmental purpose.

b. *Limits.* There is no time limit on the validity of this Release, nor is there any geographic limitation on where any materials may be distributed.

III. ACKNOWLEDGEMENT.

By signing this Release, I acknowledge that I have completely read and fully understand this Release and agree to be bound thereby. I hereby release any and all claims against Rutherford County, Tennessee and their successors, assigns, officers, directors, attorneys, employees, beneficiaries, legal representatives, elected officials, and agents arising from or related to any actions taken or material generated as a result of this Release.

Date: _____

Printed Name: _____

Signature: _____

IF THIS RELEASE IS OBTAINED FROM A PERSON UNDER THE AGE OF 18, THEN THE SIGNATURE OF THAT PERSON'S PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED:

Date: _____

Relationship to Person Signing Above: _____

Printed Name: _____

Signature: _____

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(For Administrative Purposes)

Name of Rutherford County Staff or Employee: _____

Date: _____