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|  |  | The STAR Project  700 R St  PO Box 80242  Lincoln, NE 68501  foster@thestarprojectinc.org |

**FOSTER CARE VOLUNTEER APPLICATION**

**How Do I Become a Foster Care Volunteer?** The STAR Project values all of its Volunteers tremendously. Without our volunteers, the Project would not function. **Foster Care Volunteers play a special role by helping The STAR Project provide care to animals that have suffered abuse and neglect, face homelessness, or at risk for euthanasia.**

**Steps to Becoming a Foster Care Volunteer.**

1. Complete and return the Application. The Application may be mailed to The STAR Project, 700 R St, PO Box 80242, Lincoln, NE 68501 or emailed to [foster@thestarprojectinc.org](mailto:foster@thestarprojectinc.org).
2. Meet with one of the Foster Care Coordinators to learn more about what is needed and attend additional training classes as appropriate.

**Please use care in completing this form as it will help The STAR Project determine your ability to provide foster care to one of The STAR Project’s animals.** You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the screening process.

**Foster Care Volunteer Profile:**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Profile

|  |  |
| --- | --- |
| Name: | Are you 25 or older? □ Yes □ No |
| Street Address: | E-mail address: |
| City, State, Zip: | Home telephone: |
| Daytime telephone: | Work phone number: |
| How did you hear of The STAR Project Foster Care Program? | |

Why do you want to foster with The STAR Project?

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Do you currently have any pets? If yes, please list below (add pages if needed):

Name Breed Age

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Would you be able to keep your animals and foster pets separated? \_\_\_\_Yes \_\_\_\_No

If yes, how?

**Vet Reference(s):**

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| --- |
| Name:  Telephone: |

**Do you Rent or Own? \_\_\_\_\_ Rent \_\_\_\_\_Own**

**Landlord Reference (if applicable):**

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| --- |
| Name:  Daytime Telephone: Evening Telephone: |

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| **Do you know any volunteers at The STAR Project?**  Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you ever been a volunteer at The STAR Project? Yes No*If yes, when?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *If yes, what was your reason for leaving?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **Have you adopted an animal from The STAR Project?** Yes No  *If yes, who did you adopt and when?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Are you a member of any other animal welfare organization?** Yes No  *If yes, how do you participate?* |

**Please list two personal or business NON FAMILY references:**

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| --- |
| Name: Relationship:  Daytime telephone: Evening telephone: |
| Name: Relationship:  Daytime Telephone: Evening Telephone: |

**Skills and Experience**

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| Have you had any formal education/training in pet care or animal welfare?  Where: When: Type of education/training: |
| Have you done any other volunteer work?  Where: When: Type of work performed: |

**Release.** If accepted as a Foster Care Volunteer, you agree to follow the conditions of any foster placements. You also agree that The STAR Project, its officers, directors, and volunteers are not responsible for, and you release them from liability for, any losses, injuries, or damages that you may incur by participating in the Foster Care Program. You agree to indemnify The STAR Project, its officers, directors and volunteers for any damages and expenses they may incur in defending any claim by a third party as a result of your actions or inactions as a Foster Care Volunteer or of a foster animal while in your care.

Applicant’s Signature:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note that applications will be processed within 7-10 days of receipt. All applications are processed in the order in which they are received.*

***For The STAR Project Use Only***

*Approved or Denied (circle one) Date of Approval/Denial:\_\_\_\_\_\_\_\_\_\_\_*

*By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*