



Office of the Sheriff
Sheriff Dennis L. Dotson
LINCOLN COUNTY ANIMAL SHELTER
510 NE Harney St.
Newport, Oregon 97365
(541) 265-6610
Fax (541) 574-0448

LINCOLN COUNTY ANIMAL SHELTER VOLUNTEER/FOSTER APPLICATION

Date: _____ Volunteer: _____ Foster: _____ Both: _____

Last Name: _____ First: _____ MI: _____

Physical Address: _____

City, State, Zip: _____

P.O. Box: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

Other Names: (Maiden, Previous Marriage, etc.) _____

Date of Birth: _____

Driver License #: _____ State: _____ Exp: _____

Emergency Contact: _____ Phone #: _____

Employer/Occupation: _____ Work #: _____

How did you hear about volunteering or fostering with Lincoln County Animal Shelter:

Visited shelter _____ Referred by friend/other Volunteer _____ Website _____

Radio _____ Newspaper _____ Community Meeting _____ Other _____

Previous volunteer experience: _____

Previous foster experience: _____

Have you ever been convicted of a crime? Yes _____ No _____ When? _____

If so, what was the nature of the crime(s): _____

Please list all of your current animals

Type of Animal	Name	Gender		Altered		Age	Lives			Vaccinations Current?		Licensed?	
		M	F	Y	N		Indoor	Outdoor	Both	Y	N	Y	N
		M	F	Y	N		Indoor	Outdoor	Both	Y	N	Y	N
		M	F	Y	N		Indoor	Outdoor	Both	Y	N	Y	N
		M	F	Y	N		Indoor	Outdoor	Both	Y	N	Y	N
		M	F	Y	N		Indoor	Outdoor	Both	Y	N	Y	N
		M	F	Y	N		Indoor	Outdoor	Both	Y	N	Y	N
		M	F	Y	N		Indoor	Outdoor	Both	Y	N	Y	N

Who is your veterinarian? _____

Please list the days you would be able to volunteer.

Monday morning: _____

Monday afternoon: _____

Tuesday morning: _____

Tuesday afternoon: _____

Wednesday morning: _____

Wednesday afternoon: _____

Thursday morning: _____

Thursday afternoon: _____

Friday morning: _____

Friday afternoon: _____

Saturday morning: _____

Saturday afternoon: _____

Please list the times of year you would be able to foster. List partial times if not the full month:

January – March: _____ April – June: _____ July – September: _____ October – December: _____

I am interested in working in the following areas:

Animal Shelter:

Walking dogs in the community: _____

Socializing cats: _____

Kennel/cattery/cat room cleaning: _____

Clerical/data entry: _____

Boomer Bash fundraiser: _____

Outreach/special events: _____

Transporting animals: _____ (To/from vets/other shelters)

Photography: _____

I AM INTERESTED IN FOSTERING

Companion Animals: Pocket Pets _____ Rodents _____ Birds _____ (Kind: _____)

Cats _____ Kittens _____ Litter with mom _____ Litter without mom _____

Dogs _____ Puppies _____ Litter with mom _____ Litter without mom _____

Sick/injured cats/kittens: _____ Sick/injured dogs/puppies: _____

Livestock: Horses _____ Rabbits _____ Sheep _____ Goats _____

Chickens _____ Geese/Ducks _____ Other: _____

Medical Information

Name of Insured: _____

Name of Insurance Company: _____

Address: _____

Policy Number: _____ Group Number: _____

Name/ Telephone Physician: _____

Date of last tetanus vaccination: _____

Are you able to lift at least 20 lbs? Yes _____ No _____ 40 lbs? Yes _____ No _____

Do you have pet allergies? Yes _____ No _____

If you have any physical, medical or psychological limitations or disabilities that would prevent or hinder you from working in certain areas of the shelter or engaging in certain foster situations, please list the areas in which you would not be able to work: _____

Do you agree to be responsible for any and all personal medical expenses that may arise from your service as a volunteer/foster parent? Yes _____ No _____

In the event that staff members are unable to timely reach your emergency contact for a medical authorization, do you give consent for Sheriff's members to authorize medical treatment on your behalf? Yes _____ No _____

As a condition of volunteering or fostering, the Lincoln County Sheriff's Office conducts a Criminal History check and a Driver's License check. Home checks are required for foster homes. Additional checks may be deemed necessary by the Lincoln County Sheriff's Office.

Initial _____

I will be performing services for the Lincoln County Animal Shelter or Lincoln County Animal Services on a volunteer basis. I understand that Lincoln County does not provide worker's compensation coverage for volunteers/foster parents. I understand the risks inherent in the nature of this volunteer/foster work and assume those risks. As a condition of volunteering/fostering, I hereby, for myself, my heirs, my executors and administrators, remise, release and discharge Lincoln County, its officers and employees from all claims, demands, actions, or causes of action, on account of any injury to me or damage to property which may occur during the care of any animal, and while involved in any activity as a volunteer or foster parent for Lincoln County Sheriff's Office.

Initial _____

As a condition of volunteering, I will be required to sign a confidentiality agreement. I solely will be responsible for any consequences resulting from any breach of confidentiality on my part and that such breach will result in my immediate dismissal as a volunteer or foster parent.

Initial _____

By my signature below, I acknowledge that I have read, understand, and agree to all the terms listed previously. All information provided above is true to the best of my knowledge. I agree to attend an orientation and read and follow any volunteer/foster material or instructions made available to me whether verbally or in writing including Lincoln County Personnel's Volunteer instructions.

Applicant: _____ Date: _____

Staff Use Only

Animal Shelter Date Received _____ Date Sent _____

Sheriff's Office Date Received _____ Date Returned _____

Approved _____ Not Approved _____ Staff: _____ Date _____

Comments: _____

Date copy of application sent to H.R. _____ Shelter orientation completed: _____