

**Green Mountain Animal Defenders  
Foster Care Volunteer Application & Waiver**

As a Green Mountain Animal Defenders (“GMAD”) Foster Care Volunteer, I have been briefed by the GMAD Foster Care Lead, board member or designee, have had the opportunity to ask questions, and I fully understand my foster care role. Furthermore, I agree to care for the foster care animal(s) entrusted to me by the GMAD Foster Care Lead, board member or designee to the best of my ability. I further agree to adhere to the following conditions:

I will get the foster care animal(s) spayed or neutered as arranged by GMAD and at GMAD’s expense.

As GMAD does not adopt out animals, I understand that any animal entering foster care with me must be brought to a predetermined adoption center, approved by the GMAD Foster Care Lead, board member or designee.

I understand that GMAD foster care volunteers are not authorized to adopt out animals.

Should I, or another person, wish to adopt the foster care animal(s), I agree to inform the GMAD Foster Care Lead, board member or designee and then complete the process through an authorized adoption center (e.g. Humane Society).

I understand that GMAD is not obligated for any expenses not agreed to in advance.

I hereby release, hold harmless and indemnify, GMAD, any employees, volunteers or board members from any liability or damages to persons, other animals or property, or for any illness or medical condition that I, or my own pets, might contract from the foster care animal(s) while said animal(s) is in my care.

I understand and acknowledge that the foster care animal(s) may be removed at any time by the GMAD Foster Care Lead, board member or designee, with or without cause. I further agree to permit the GMAD Foster Care Lead, board member or designee entrance to my home or other foster care location, with reasonable notice, to retrieve said animal.

I understand that I will not take a foster care animal to a veterinary office without permission from the GMAD Foster Care Lead, board member or designee. If there is an emergency and I cannot reach the GMAD Foster Care Lead, I will call the shelter and follow their directions; furthermore, I understand that I will pay for any unauthorized veterinary care and/or additional supplies deemed unnecessary by Green Mountain Animal Defenders.

Foster Care Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

\_\_\_\_\_  
Foster Care Volunteer Signature

Date: \_\_\_\_\_

