



**RANCHO COASTAL HUMANE SOCIETY  
FOSTER VOLUNTEER APPLICATION  
TEEN FOSTER PROGRAM**



Thank you for your interest in the TEEN FOSTER PROGRAM!!!!!!  
Rancho Coastal Humane Society is excited to have you and your teen  
be a part of this life saving venture.

Please fill out the attached applications.

The **Pink** portion is to be filled out by the parent(s) or guardian

The **Bright Green** portion is to be filled out by the teen

Please make sure the application is complete and legible!  
You will be contacted via e-mail by the Foster Coordinator once your  
application is reviewed.

If you have any questions please contact:

Lucas Kodama, Foster Coordinator

760-753-6413

[foster@sdpets.org](mailto:foster@sdpets.org)





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Have you fostered for other animal organizations? Y N

If yes, which organization(s)? \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

Do you rent or own? \_\_\_\_\_  House  Townhouse/condo  Apartment

Does your lease allow for pets? \_\_\_\_\_ What kind? \_\_\_\_\_

How many? \_\_\_\_\_ Landlord's Name: \_\_\_\_\_ Number: \_\_\_\_\_

How many adults live in residence? \_\_\_\_\_ Children? \_\_\_\_\_ Ages: \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ If yes, complete below information about *each* pet:

1. Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered? Y N  
Dog-friendly? Y N Cat-friendly? Y N Date of last vaccination: \_\_\_\_\_

2. Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered? Y N  
Dog-friendly? Y N Cat-friendly? Y N Date of last vaccination: \_\_\_\_\_

3. Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered? Y N  
Dog-friendly? Y N Cat-friendly? Y N Date of last vaccination: \_\_\_\_\_

4. Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered? Y N  
Dog-friendly? Y N Cat-friendly? Y N Date of last vaccination: \_\_\_\_\_

5. Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered? Y N  
Dog-friendly? Y N Cat-friendly? Y N Date of last vaccination: \_\_\_\_\_

How many hours are your animals left unsupervised? \_\_\_\_\_

How are they contained when left unsupervised?  Crate  Lead  Chain

Rope  Invisible Fence  Kennel  Fenced in yard  Other: \_\_\_\_\_

How many hours are your animals inside? \_\_\_\_\_ Outside? \_\_\_\_\_

Where do your animals sleep? \_\_\_\_\_



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Does anyone in your household have allergies to animals? Y N

If yes, please explain: \_\_\_\_\_

Does your house have a fenced-in back yard?  Y  N If yes, what type?

Block  Wood  Chain Height of fence? \_\_\_\_\_

Are there any low points in the fence? \_\_\_\_\_ If yes, what is the height of the lowest point of the fence? \_\_\_\_\_

Would you allow your pets and/or children to interact with the foster animal(s)? Y N

Please explain: \_\_\_\_\_

Would you agree to our staff visiting your home prior to or during the fostering? Y N

If no, please explain: \_\_\_\_\_

**FOSTERING INFORMATION:**

For what program would you like to foster?  Animal Safehouse  General Shelter  
 Teen Foster

What types of animals are you willing to foster (please check all that apply)?

Kittens without mother\*  Kittens with mother\*  Older kittens  Cats

Puppies without mother\*  Puppies with mother\*  Older puppies  Dogs

Special-needs (emotional and/or physical)  other (specify): \_\_\_\_\_

How many animals are you willing to foster? \_\_\_\_\_

How long will the foster animal(s) be left unsupervised? \_\_\_\_\_

Please describe the area where the foster animal(s) will be kept and cared for: \_\_\_\_\_

Where will the foster animal(s) sleep? \_\_\_\_\_

Animals may need to be fostered for a minimum of a few days to up to several months. What is the maximum time you are able to foster? \_\_\_\_\_

Sometimes animals become ill while in foster care. If this situation arises, would you be willing and able to administer medication?  Y  N  Not sure

Do you have experience administering medicine to animals?  Y  N

If yes, please explain: \_\_\_\_\_



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Have you ever raised a kitten or puppy?  Y  N  If yes, how many times? \_\_\_\_\_

\*May require bottle-feeding up to every two hours, including overnight.

Please specify any additional information you would like to receive:

- House-breaking  Litter-box training  Crate training  Bottle-feeding  Socialization  
 Training tips  Animal-safety for children  Animal Safehouse Program  Other: \_\_\_\_\_

**PERSONAL REFERENCES:**

Please provide two personal references, only one of which may be a relative. Please do not include household members.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please note:** Your application will be reviewed as soon as possible. The Foster Coordinator will contact you as soon as possible, regarding your application. Thank you for your interest in being a foster volunteer!

Animals available for adoption must be placed by Rancho Coastal Humane Society staff only. Any interested adopter must complete a profile and meet with an adoption counselor.

**Other ways to submit completed application**

**Mail to:**

Rancho Coastal Humane Society, ATTN: Foster Coordinator  
 389 Requeza Street, Encinitas, CA 92024

**Email to:** foster@sdpets.org



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***Teen Foster Program (to be filled out by the teen requiring service hours)***

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Are you OK with sending & receiving texts/photos from the foster coordinator?**

**Why did you pick RCHS to complete your service hours?**

**What school or organization do you need service hours for?**

**Describe any animal experience you have and what you would like to gain from this opportunity.**

**Explain your plan for care of the foster animals when in school and/or extra-curricular activities.**

**Are you available to come in for twice weekly health checks for your foster animal(s) at RCHS?**