

Carolina Canines for Service

PO Box 12643
Wilmington, NC 28405

Telephone: 910-362-8181
Fax: 910-362-8184
Toll Free: 866-910-3647
info@carolinacanines.org

Tax ID: 56-2118747



Volunteer Foster Puppy Parent Application

Personal Information

If the Foster Puppy Parent is a minor, this application must be completed by both the Foster Puppy Parent and the parent or legal guardian.

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: () _____

Number and ages of children in the household: _____

Job Information

Title: _____

Supervisor: _____ Department: _____

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

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Information About Your Pets

Does any family member have allergies to dogs? If so describe: _____

Dogs in Household _____ # Cats in Household _____ # of other pets in Household _____

Please Describe Your Pets (name, breed, health, temperament, personality, spayed/neutered): _____

Where do your pets sleep? _____

Where do your pets stay when you are away from home? _____

Number of hours your pets are left alone during the day? _____

Who cares for your pets when you are away? _____

What do you feed your pets and how often? _____

Name & Address of your Veterinarian? _____

Information About Your Household

Do you rent or own? _____ House, Apartment or Condo? _____

Do you have a fenced yard? _____ Type of Fencing _____

Describe your neighborhood: _____

Are you financially able to pay for the monthly expenses (Average of \$50 - \$125) of a service dog in training? Yes _____ No _____

How did you hear about Carolina Canines for Service? _____

Were you referred by a foster family? Yes _____ No _____ If so, who: _____

Briefly describe why you are interested in becoming a foster family? _____

Foster Puppy Program Location (check one): Wilmington, NC Myrtle Beach, SC

Criminal Background Check

Due to the sensitive nature of the service we provide and the vulnerability of our children in our community, Carolina Canines for Service, Inc. is requesting permission to conduct a Criminal Background Check for our Volunteer Foster Puppy Parents. Be assured, that all information will remain confidential and is for the sole purpose of protecting our organization and volunteers from any possible consequences of the law.

I, _____, give my permission to Rick Hairston, President/CEO of Carolina Canines for Service to initiate a Criminal Background Check on my past and present activities.

Signature: _____ Date: _____