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**Fostering for Hope Application**

Applicants applying to volunteer at Friends of the Family shall be afforded equal opportunity in all aspects of volunteering without regard to race, color, religion, national origin, disability, political affiliation, sex, age or sexual orientation.

**Applicant Information**

Full Name: Date:

*First Last M.I.*

Address:

*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: Email

Preferred communication: Phone OR Email

Any pets in the home?

Yes No If yes,

Name:

 Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Spayed/Neutered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Shots up to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of pet willing to take in:

Dog Cat Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: