

CCLAS Foster Application



Foster parents open their homes and hearts to animals who need them now more than ever.

These compassionate people play a vital role in the life of that animal and are a critical component to the success of the Citizens Committee for the Lakewood Animal Shelter (CCLAS).

Foster Applicant Information:

First Name: _____ Last Name: _____

Do you have health insurance? Yes _____ No _____

Household Information:

Do you have pets in the home? Yes _____ No _____

If yes, please provide pets name, type of animal, gender, and age.

1. _____ 2. _____

3. _____ 4. _____

Are all your pets spayed or neutered? Yes _____ No _____

If no, please tell us why: _____

Are all your pets up to date on their vaccinations? Yes _____ No _____

If no, please tell us why: _____

Where would your fosters stay when you have them? _____

Do you rent or own your home? Rent _____ Own _____

If you rent, do you have your landlord's permission to foster animals in your home? Yes _____ No _____

Landlords Name: _____ Phone Number: _____

What kind of animals are you willing to foster, check all that apply: Cats _____ Dogs _____

Adults	Sick	Pregnant
Ages 6wk – 3 months	Injured	Mom and Babies
Under 6wks old (Bottle babies)		

Are you comfortable with administering medications to cats or dogs? Yes _____ No _____

Are you willing to transport your fosters to/from vet appointments if necessary? Yes _____ No _____



DIVISION OF POLICE
12650 DETROIT AVENUE • 44107
Telephone: (216) 529-5020 Facsimile: (216) 529-5021
Web site: www.onelakewood.com

VOLUNTEER APPLICATION

DATE: _____

REFERRAL SOURCE: _____

NAME: _____ ADDRESS: _____
(PLEASE PRINT)

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ SOCIAL SECURITY#: _____

WORK#: _____ DATE OF BIRTH: _____

IN CASE OF EMERGENCY NOTIFY (NAME): _____

(RELATIONSHIP): _____ PHONE: _____

SPECIAL SKILLS, TRAINING, HOBBIES, DEGREES (i.e. CPR, CRAFTS, MUSIC):

PREVIOUS/PRESENT WORK EXPERIENCE (INCLUDE NAME OF COMPANY,
OCCUPATION, AND DUTIES): _____

REASON FOR VOLUNTEERING AT LAKEWOOD ANIMAL SHELTER:

INTERVIEWER'S COMMENTS:



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APPLICANTS REFERENCE CHECK

PLEASE LIST TWO PERSONAL REFERENCES:

1. NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
RELATIONSHIP _____

2. NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
RELATIONSHIP _____

I HEREBY AUTHORIZE THE ABOVE REFERENCES TO FURNISH THE LAKEWOOD ANIMAL SHELTER WITH INFORMATION CONCERNING MY APPLICATION FOR A VOLUNTEER POSITION AND I RELEASE YOU FROM ANY LIABILITY FOR DAMAGES ARISING FROM SAID INFORMATION. ALL INFORMATION WILL BE CONSIDERED CONFIDENTIAL.

Signature of the Applicant

Date

APPLICANT'S RECORD CHECK

POSITION APPLYING FOR FOSTER

NAME (maiden and married) _____

ADDRESS _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ EXPIRATION
DATE _____ TYPE _____

HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

Have you ever pleaded guilty or been found guilty of any Federal or State Law, County or Municipal statute or ordinance, including minor misdemeanors and traffic violations? Yes _____ No _____

If yes, please explain: _____

I fully understand that my failure to fully respond either yes or no to the above questions, or withhold any information regarding any conviction, or provide the requested information may result in my application being removed from consideration or may be cause for discharge from service after hire.

~~I hereby authorize the City of Lakewood to conduct a record~~
check of my background and I release the City of Lakewood from any liability for damages arising from said record check.

DATE _____

SIGNATURE OF APPLICANT _____

FINDINGS: _____

DATE _____

SIGNATURE OF POLICE CHIEF _____