



MISFITS RESCUE

Name:

Date of birth:

Contact phone number:

Email address:

Do you hold a valid full driver's license?

- Yes / No

If yes, do you have access to a vehicle for volunteer activities?

- Yes / No

- **Community volunteering:** We are always grateful for volunteers who can support us within the community. This includes helping with the collection and delivery of donations, assisting with lost and found enquiries such as microchip checks, and assisting with fundraising events. If you are interested in volunteering for us within the community, please tick this box: ☐
- **Fostering:** As a foster-based rescue, we rely on volunteer foster homes to be able to bring animals into our care and provide temporary homes for animals in need. If you are interested in fostering for us in this way, please tick this box ☐

Please indicate which animals you would be interested in fostering. Please tick all that apply. (Please note that some species, such as reptiles, require prior experience and a strong level of knowledge before approval to foster can be given)

Rabbits ☐

Guinea Pigs ☐

Hamsters ☐

Mice ☐

Adult Cats ☐

Senior Cats ☐

Kittens ☐

Crested Geckos ☐

Bearded Dragons ☐

Fostering application:

- **Animal Experience:** Please describe any relevant experience you have in animal care. This may include (but is not limited to) specific species experience, neonatal or young animal care, veterinary or medical experience, fostering, rehabilitation, or rescue work. Proof of experience may be requested

Your home: (please tick all that apply) If you do not own your home, written confirmation that you are permitted to keep animals will be required from your landlord, housing provider, or property owner.

Flat	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Is your home:			
House	<input type="checkbox"/>	Caravan	<input type="checkbox"/>	Private rent	<input type="checkbox"/>	House share	<input type="checkbox"/>
Private secure garden	<input type="checkbox"/>	Owned	<input type="checkbox"/>				
No Garden	<input type="checkbox"/>	Shared Garden	<input type="checkbox"/>	Council/housing association	<input type="checkbox"/>		
Other (Please detail below):				Other (Please detail below):			

Type here...

Type here...

Do you have any of your own pets: Yes ☐ No ☐

Please provide the following details: Which pets you have, how many, how old and are vaccinated and neutered:

Type here...

Please provide the details below of the vets your pets are registered with:

Type here...