



Anne Arundel County Police Department
 8495 Veterans Highway Millersville, Maryland 21108
 (410) 222-8050
www.aacounty.org/police



Timothy J. Altomare
 Chief of Police

FOSTER CARE PROGRAM APPLICATION

For Anne Arundel County Animal Care & Control

Please carefully fill out this form, providing explanation as necessary, so that we can match you with a foster animal that best fits your lifestyle. You must be at least 18 years of age and a county resident to foster animals for Anne Arundel County Animal Care & Control.

APPLICANT'S INFORMATION

Full Name: _____

Street Address: _____

City: _____ Zip: _____

Previous Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License #: _____ Birth Date: _____

Social Security #: _____ SEX: Male Female RACE: _____

Employer: _____ Occupation: _____

Work Phone: _____ May we call you at work? Yes No

Veterinarian's Name: _____ Phone: _____

How did you hear about our Foster Care Program?

Briefly tell us why you want to foster for Animal Care & Control:

LIVING INFORMATION

1. Do you live in a: House Townhouse Apartment Condo Other

2. Do you rent or own your home? Rent Own

How long have you lived at this address? _____

If rental, please provide the name and phone number of the landlord:

If rental, how many pets are permitted? _____

List any pet weight restrictions: _____

List any dog breed restrictions: _____

3. How many adults live in your household? _____

Please list the names, relationship, and best contact information for all other adults who live in the household:

<u>Name</u>	<u>Relationship to Applicant</u>	<u>Phone Number</u>
-------------	----------------------------------	---------------------

4. Do children live in your household under 18 years of age? Yes No

(This applies to children in residence full-time, part-time, and for weekend visits.)

If yes, please list the names and ages of the children:

<u>Name</u>	<u>Age</u>
-------------	------------

5. Number of hours someone over 18 years is at home during a 24-hour period: _____

6. Does anyone in your household have allergies to animals? Yes No

If yes, please explain: _____

7. Who will be responsible for the care of this animal? _____

FOSTER PET INFORMATION

1. Are you willing to foster a pregnant animal or a nursing mother? Yes No

If yes, a dog, cat or other animal? _____

If yes, are you willing to incur the expense of puppy/kitten formula, puppy/kitten growth food, and puppy/kitten supplies? Yes No

Are you willing to foster puppies to the age of 9 weeks? Yes No

Are you willing to foster kittens to the age of 11 weeks? Yes No

2. Please check if you can foster an animal with special needs:

On daily medication Recovering from surgery Recovering from illness

Orphaned kittens needing frequent bottle feedings

3. Are you willing to administer medications or treatments? Yes No

4. Are you familiar with techniques to socialize a shy animal? Yes No

5. Are you willing to work with a difficult animal that has been abused, neglected or stressed? Yes No

6. Are you familiar with crate training? Yes No

If yes, are you willing to crate a foster dog? Yes No

If not, please explain why not: _____

7. Please indicate your preference in the type of foster animal(s):

Kittens Cat Puppies Dog Rabbit Other _____

8. Do you understand that Anne Arundel County Animal Care & Control can perform unannounced home inspections of foster care homes at any time? Yes No

9. Do you understand that any foster animal(s) remain the sole property of Anne Arundel County Animal Care & Control, that you must abide by any decisions made regarding their care and treatment, and that fostering does not grant you any sort of ownership over the foster animal(s)? Yes No

10. Do you accept responsibility for picking up the animal(s) from Anne Arundel County Animal Care & Control when they are released for fostering? Yes No

11. Do you agree to return the foster animal(s) as instructed upon request or if you are no longer able to adequately care for them? Yes No

MISCELLANEOUS INFORMATION

1. All dogs and cats at home must be up-to-date on their rabies vaccinations and have a current Anne Arundel County license with Animal Care & Control. Please list the pets that currently reside in your household (use back if necessary):

Name – Species – Breed – Age – Sex – Spayed/Neutered? – AA County License #

2. If you have animals, are they: Indoor Only Indoor/Outdoor Outdoor Only

3. Do you have a fenced-in yard? Yes No

4. Have you ever had a pet die at an early age or due to an accident? Yes No If yes, please explain: _____

5. Have you ever fostered animals for any animal shelter/rescue group? Yes No If yes, with whom, when and where? _____

6. Do you have a separate space where you could keep a foster animal? Yes No If yes, where? _____

7. Have you read Anne Arundel County's Code of Animal Care & Control Laws? Yes No

8. Do you understand the Animal Care & Control Laws? Yes No

9. Do you agree that all information given on this form is truthful? Yes No

SIGNATURE OF FOSTER CARE GIVER

DATE



Anne Arundel County Police Department
 8495 Veterans Highway Millersville, Maryland 21108
 (410) 222-8050
www.aacounty.org/police



Timothy J. Altomare
 Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of Anne Arundel County Police Department/ Anne Arundel County Government, whether the said records are public private or confidential nature, and regardless of whether the information released may be derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records and deposits, withdraws and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, public utility companies, employment and pre-employment records, including background reports; (including prior A.A. County Police Department Investigations) and polygraphs examinations results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports and salary records; real and personal property records, and other finical statements and records where-ever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I acknowledge and agree that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Anne Arundel County Police Department/ Anne Arundel County Government to consider in determining my suitability for employment by the Department. It is my specific intent to provide access to personal information, copies of that information, however personal, or confidential it may appear to be, and the sources and content of information specifically identified herein.

I understand that any information obtained through a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Anne Arundel County Police Department/ Anne Arundel County Government. I further understand that any information obtained through this background investigation may be released upon request to another law enforcement agency of Anne Arundel County Government, in connection with my application for employment with that agency, within one year from the date of my signature below.

I agree to indemnify and hold harmless the person in whom this request is presented and his agents and employers, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

If illegal behavior and/or activities are uncovered, the appropriate authorities will be notified.

I further understand that whether or not I am selected for the position, the source of confidential information gathered through the background investigation will not be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE: _____ DATE: _____

MAIDEN NAME: _____

ADDRESS: _____

D.O.B.: _____ Last Four of SSN: _____

 WITNESS

MARYLAND STATE LAW 5-399.7

IMMUNITY; EMPLOYER DISCLOSING INFORMATION

Effective October 1, 1996, the Maryland Legislature codified the qualified privilege in Maryland courts and Judicial Proceedings, Code Section 5-399.7. Annotated. The new statute provides; 5-399.7 IMMUNITY; EMPLOYER DISCLOSING INFORMATION

- (A) An employer acting in good faith may not be held liable for disclosing information about the job performance or the reason by termination of employment of an employee of the employer.
1. To prospective employer of the employee or former employee at the request of the prospective employer, the employee or former employee;
or
 2. If requested or required by federal, State or industry authority or if the information is disclosed in a report, filing, or other document by law, rule, order, or regulation of the regulatory authority.
- (B) An employer who discloses information under subsection (A) of this section shall presumed to be acting in good faith unless it is shown by clear and convincing evidence that the employer;
1. Acted with actual malice toward to employee or former employee; or
 2. Intentionally or recklessly disclosed false information about the employee or former employee.