**Volunteer & Foster Carer Application Form**

**Thank you for your interest in volunteering with the RSPCA ACT.**

We rely on the community to continue to provide care for the thousands of animals that come to our shelter every year. Our volunteers provide invaluable assistance in many different areas and are an integral part of our organisation.

**Steps to Becoming a Volunteer**

**Working with Vulnerable People Registration**

All volunteers are required to hold Working with Vulnerable People (WWVP) registration. WWVP Registration involves a background check and is free for volunteers to obtain. You can apply online through Access Canberra ([www.accesscanberra.act.gov.au](http://www.accesscanberra.act.gov.au)), or you can visit any of the Access Canberra shopfronts. Processing generally takes up to eight weeks. Once your application has been processed you will receive your WWVP card in the mail.

**Volunteer & Foster Carer Application**

Please complete this Volunteer & Foster Carer Application form and return it via email or post with a copy of your WWVP card (front and back) attached along with one-page document outlining any additional specialised skills you may be able to offer the RSPCA (for example: administrative or maintenance assistance). If you wish to become a foster carer, the entire form must be completed. If you are interested in volunteering but not in foster care, please complete the initial three pages of the form.

**Interview**  
Once you have returned your application you will be contacted to arrange an interview to discuss your volunteering options.

**RSPCA ACT Membership**All volunteers should hold RSPCA ACT membership. Membership will be discussed at interview and can be obtained after acceptance into the volunteer program. To find out more about RSPCA ACT membership, please visit our website ([www.RSPCA ACT-act.org.au/get-involved/membership](http://www.rspca-act.org.au/get-involved/membership)).

**Volunteer Induction**Attendance at a Volunteer Induction provides a great overview of the RSPCA ACT and important information about volunteering with us. This is a general induction which all volunteers must attend and will be followed by further orientation and training relevant to the department you will be volunteering in and the roles which you will be undertaking.

**Role Specific Induction and Training**Specific training and induction requirements will vary depending on the roles which you are interested in and will be discussed at interview.  
Please feel free to contact me with any questions. I look forward to hearing from you.  
  
Gemma Hogben – Volunteers’ Coordinator  
E [volunteers@rspca-act.org.au](mailto:volunteers@rspca-act.org.au)

P 62878127   
PO Box 3082, Weston Creek ACT 2611

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| **Personal Information** | | | | | | | | | | | | | | **Date** | | | | | |  | | | |
| Given Names | |  | | | | | | | | | | | | Surname | | | | | |  | | | |
| Date of Birth | |  | | | | | | | | | | | | Gender | | | | | |  | | | |
| Home Address | |  | | | | | | | | | Suburb | | |  | | | | | | Postcode | |  | |
| Email Address | |  | | | | | | | | | | | |  | | | | | |  | | | |
| Contact Numbers | | Home | | | | | | | Work | | | | | | | | | | | Mobile | | | |
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| Are you an RSPCA ACT member? | | | | | | | | | | | | | | | | | | | | | | Yes □ No □ | |
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| **Emergency Contact Details** | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | Contact Number | | | | | | | | | | Relationship to you | | | | | | |
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| **References** | | | | | | | | | | | | | | | | | | | | | | | |
| Please include the details for one referee. | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | Contact Number | | | | | | | | | | Relationship to you | | | | | | | |
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| **Working with Vulnerable People (WWVP) Registration** | | | | | | | | | | | | | | | | | | | | | | | |
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| Please complete the details below and include a copy of your card (front and back) with this application. | | | | | | | | | | | | | | | | | | | | | | | |
| WWVP Registration No. | | | |  | | | | | | | | WWVP Expiry | | | | | |  | | | | | |
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| **Availability** | | | | | | | | | | | | | | | | | | | | | | | |
| What is your work status? | | | Full time □ Part time □ Casual □ Student □ Home duties □ | | | | | | | | | | | | | | | | | | | | |
| Please indicate your volunteering availability below. | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | Tuesday | | | | Wednesday | | | Thursday | | | | | Friday | | | | | | Saturday | | | | Sunday |
|  |  | | | |  | | |  | | | | |  | | | | | |  | | | |  |
| How many hours would you like to volunteer? | | | | | Per week | | | | |  | | | | | Per month | | | | | |  | | |

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| **Interests, Skills and Experience** | | | |
| Why have you decided to volunteer with the RSPCA ACT? | | | |
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| Is there a particular area/volunteer role which you are most interested in? | | | |
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| What skills and experience will you bring to volunteering? | | | |
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| How do you think you will cope knowing that in some situations, when it is in the animal’s best interest, they might need to be euthanised by the RSPCA ACT? | | | |
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| **Medical Information** | | | |
| **Ensuring our volunteers are safe and supported is important to us. Your answer to the following questions will help meet our mutual needs and allow us to consider any reasonable adjustments that may be required to enable you to perform volunteer tasks.**  Please note that we are unable to engage pregnant women as volunteers due to the nature of the volunteer roles and the fact that our volunteer insurance cover does not extend to volunteers who are pregnant. | | | |
| *Please include information about* ***all health related issues*** *(including any physical or psychological medical condition, disability (physical or intellectual), allergy, or past injury, as well as any medication which you are taking or medical treatment which you are undergoing).* | | | |
| Do you currently suffer from any allergies and/or medical conditions or injuries? | | Yes □ No □ | |
| If yes, please provide details. | | | |
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| Are there certain tasks which you are unable to safely undertake? | | Yes □ No □ | |
| If yes, please provide details. | | | |
|  | | | |
| Do you have any form of disability (physical or intellectual)? | | | Yes □ No □ |
| Please advise of any support requirements you may have or personal considerations which may impact tasks you perform in your volunteer role. | | | |
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| When was your last tetanus vaccination? |  | | |

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| **Foster Care** | | | | | | | | | | | | | | | | |
| Are you interested in fostering dogs or cats in your home? | | | | | | | | | | | | Yes □ No □ | | | Cats □ Dogs □ | |
| Please complete the following **only** if you are interested in foster caring. | | | | | | | | | | | | | | | | |
| **Personal and Household Details** | | | | | | | | | | | | | | | | |
| Please List all members of the household including their ages. | | | | | | | | | | | | | | | | |
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| Who will be working with the foster animal(s)? | | | | | | | | | | | | | | | | |
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| How many hours per day do you have to spend with your foster(s)? | | | | | | | | | | | | |  | | | |
| Do you have prior experience with foster care? If yes, please provide details. | | | | | | | | | | | | | | | | Yes □ No □ |
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| Is anyone in your household pregnant? | | | | | | | | | | | | | | | | Yes □ No □ |
| Is anyone in your household immune-suppressed? | | | | | | | | | | | | | | | | Yes □ No □ |
| Do you feel emotionally capable of returning your foster(s) to the RSPCA ACT when the foster care term has ended? | | | | | | | | | | | | | | | | Yes □ No □ |
| Are you available to foster over school holidays and the Christmas period? | | | | | | | | | | | | | | | | Yes □ No □ |
| When are you available to start fostering? | | | | | | |  | | | | | | | | | |
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| **Residential Details** | | | | | | | | | | | | | | | | |
| Do you live in a: | | House □ Townhouse □ Unit □ Other (please specify) □ | | | | | | | | | | | | | | |
| Are you a: | | Home owner □ Renting □ Other (please specify) □ | | | | | | | | | | | | | | |
| Where in your home will you keep your foster(s)? | | | | | | | |  | | | | | | | | |
| On a scale of 1 – 5, what is the activity level in your home? (1 = very quiet, 5 = very active) | | | | | | | | | | | | | | | |  |
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| **Other Animals** | | | | | | | | | | | | | | | | |
| Do you have pets of your own? If yes, please provide details about the type and age of **all** pets below. | | | | | | | | | | | | | | | | Yes □ No □ |
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| Are your own pets allowed in the house? | | | | | | | | | | | | | | | | Yes □ No □ |
| Are you able to keep the foster(s) separate to your own animals? | | | | | | | | | | | | | | | | Yes □ No □ |
| Are your pets currently vaccinated? | | | | | Yes □ No □ | | | | Are your pets desexed? | | | | | | | Yes □ No □ |
| Do your pets have any medical conditions? If yes, please provide details. | | | | | | | | | | | | | | | | Yes □ No □ |
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| **Fostering Cats** | | | | | | | | | | | | | | | | |
| **Please complete the following section if you are interested in fostering cats** | | | | | | | | | | | | | | | | |
| Please indicate which of the following fosters you would be interested in. | | | | | | | | | | | | | | | | |
| **Mother cat with nursing young** - mother will need to be kept with young until they are weaned at four to five weeks of age. | | | | | | | | | | | | | | | | Yes □ No □ |
| **Neonatal kittens** – orphans under four weeks of age requiring intensive hand rearing and four to six weeks of care. | | | | | | | | | | | | | | | | Yes □ No □ |
| **Juvenile kittens** – four to eight weeks of age requiring two to four weeks of care. | | | | | | | | | | | | | | | | Yes □ No □ |
| **Injured or sick animals** – will probably require medications or special housing conditions | | | | | | | | | | | | | | | | Yes □ No □ |
| Are you able to keep your foster(s) safe at all times (inside your house with secure fly-screen doors and windows or in an outdoor enclosure)? | | | | | | | | | | | | | | | | Yes □ No □ |
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| **Fostering Dogs** | | | | | | | | | | | | | | | | |
| **Please complete the following section if you are interested in fostering dogs** | | | | | | | | | | | | | | | | |
| Please indicate which of the following fosters you would be interested in. | | | | | | | | | | | | | | | | |
| **Puppy** | Yes □ No □ | | | | | | **Small** | | | | | | | Yes □ No □ | | |
| **Adult** | Yes □ No □ | | | | | | **Medium** | | | | | | | Yes □ No □ | | |
| **Senior** | Yes □ No □ | | | | | | **Large** | | | | | | | Yes □ No □ | | |
| How big is your yard? | | |  | | | | | | | | Is your yard fully enclosed? | | | | | Yes □ No □ |
| What material is your fence made of? | | | | | |  | | | | | | | | | | |
| How high are your fences? | | | |  | | | | | | Is the fence in good condition? | | | | | | Yes □ No □ |
| If you aren’t currently a dog owner, have you previously owned a dog? If yes, please provide details. | | | | | | | | | | | | | | | | Yes □ No □ |
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| What experience do you have in dog behaviour and training? | | | | | | | | | | | | | | | | |
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| If you have any other information or comments you would like to share, please do so below. | | | | | | | | | | | | | | | | |
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Thank you for completing this application. Please return it to Gemma Hogben, Volunteers’ Coordinator.

**Email -** [volunteers@rspca-act.org.au](mailto:volunteers@rspca-act.org.au) **Post** - PO Box 3082, Weston Creek ACT 2611