**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. Please go to Office of Regulatory Services website ([www.ors.act.gov.au](http://www.ors.act.gov.au)) for detailed instructions about the process and to submit your application online. Alternatively, you can contact the Office of Regulatory Services on 6207 3000, or email ([wwvp@act.gov.au](mailto:wwvp@act.gov.au)) to have a paper application sent to you, or you can visit any of the Canberra Connect shopfronts. Processing generally takes up to three weeks. Once your application has been processed you will receive your WWVP card in the mail.

**Volunteer & Foster Carer Application & Resume**

Please complete this Volunteer & Foster Carer Application form and return it to me via email or post with a copy of your WWVP card (front and back) attached along with a copy of your current resume. 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 two 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 are required to hold RSPCA ACT membership. Membership will be discussed at interview and will need to 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.  
  
Bethany Flanagan  
Volunteer Coordinator  
E [Bethany.Flanagan@rspca-act.org.au](mailto:Bethany.Flanagan@rspca-act.org.au) P 62878127   
PO Box 3082, Weston Creek ACT 2611 Australia

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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? (Please provide a copy of your resume.) | | |
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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** | | |
| 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 any health related issues (including any physical or psychological medical condition, disability, allergy or past injury, as well as any medication which you are taking or medical treatment which you are undergoing) which might affect you during your time spent volunteering. This information will help us to take responsible action to assist you should you become unwell while volunteering for the RSPCA ACT. | | |
| 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. | | |
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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 □ |
| 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’d 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’d 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 your 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 Bethany Flanagan, Volunteer Coordinator.

**Email** - [Bethany.Flanagan@rspca-act.org.au](mailto:Bethany.Flanagan@rspca-act.org.au)

**Post** - PO Box 3082, Weston Creek ACT 2611 Australia

**Volunteer Agreement**

**Declaration**

I understand and agree:

* that the tasks I undertake for RSPCA ACT are voluntary in capacity;
* that I must abide by RSPCA ACT policies and may request at any time to be provided with copies of relevant policies;
* that I am not permitted to share photos or videos taken at RSPCA ACT’s shelter or at RSPCA ACT events on personal social media pages, or comment on RSPCA ACT related stories on social media or external websites;
* that the training required for me to become a valuable volunteer constitutes significant input of resources from RSPCA ACT, and I therefore commit to volunteer for at least a 6 month period;
* that no employment relationship exists between myself and RSPCA ACT and I will receive no remuneration for my volunteer services;
* that RSPCA ACT reserves the right to release a volunteer at any point if, for any reason, the volunteer is deemed unsuitable;
* that my hours of volunteer work are at the discretion of RSPCA ACT;
* that RSPCA ACT may change or cancel any part of its volunteer program as it sees fit;
* that I will be covered by RSPCA ACT’s voluntary workers’ insurance while on approved RSPCA ACT volunteer duties;
* I acknowledge and accept that any pre-existing medical conditions will not be covered by RSPCA ACT’s insurance;
* that I will be subject to the supervision of paid staff and supervising volunteers of RSPCA ACT;
* that the terms and conditions of this Volunteer Agreement apply even if I am engaged as an employee for RSPCA ACT as well as a volunteer;
* that if I am provided with access to information considered confidential by RSPCA ACT (or which is obviously so) I will not use or disclose any of the information to anyone without clear consent from management;
* that I will not remove any property, including electronic information (for example logos) without clear, written consent from management;
* that I will inform RSPCA ACT immediately if any health issues or otherwise arise which could affect my ability to continue to volunteer.

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| Name of Volunteer |  |
| Signature |  |
| Date |  |

**Volunteer Photo and Video Release**

**Permission to use photographs and video footage**

Please complete this section of the form if you consent to any photographs and video footage taken of you to be used by RSPCA ACT.

* I grant to RSPCA ACT, its representatives, volunteers and employees the right to take photographs and video footage of me and my property in connection with the volunteering program.
* I authorise RSPCA ACT, to copyright, use, publish and display the same in print and electronically.

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| --- | --- |
| Name | Signature |
|  |  |