

Cat & Kitten 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), or you can visit any of the Access Canberra shopfronts. Processing generally takes up to eight weeks.

Pre-reading

All prospective foster carers must read the RSPCA ACT Volunteer Handbook and the relevant foster care handbook prior to making an application to become a foster carer. These documents can be located on the volunteer and foster care pages of our website.

Foster Carer Application Process

Please complete this Foster Carer Application form and return it via email or post with a copy of your WWVP card (front) attached. Please provide detailed responses to the questions outlined within this form as this information will be used to assess your suitability. Once your application has been received and assessed you will receive instructions on the next steps. Following this, you will be required to complete an onsite information session.

Your privacy is important to us and all personal information you provide will be managed in accordance with the requirements of the Privacy Act 1988 and the Australian Privacy Principles, and our RSPCA ACT privacy policy which can be found on our website.

Please feel free to contact us with any questions. We look forward to hearing from you.

E: volunteers@rspca-act.org.au

Phone: 02 6287 8100 PO Box 3082, Weston Creek ACT 2611

Personal Information				Date	
Given Names				Surname	
Date of Birth				Gender	
Street Address					
Suburb		Postcode			
Email Address					
Contact Numbers	Home	Work	Mobile		
Are you an RSPCA ACT member?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact Details					
Name	Contact Number		Relationship to you		
References					
Please include the details for one referee.					
Name	Contact Number		Relationship to you		
Working with Vulnerable People (WWVP) registration - This is a requirement for all volunteers					
Please complete the details below and include a copy of your card with this application.					
WWVP Registration No.			WWVP Expiry		

Availability						
What is your work status?			Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual <input type="checkbox"/>	Student <input type="checkbox"/>
			Home duties <input type="checkbox"/>			
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		

Declaration

It is important that volunteers of the RSPCA ACT are aware of the Society's policies and positions on animal welfare and that they uphold RSPCA values. For these reasons, the following information is required.

In relation to your treatment of, or your responsibility for, an animal, including matters involving mistreatment or neglect, have you ever been visited or spoken to by:

- The police, whether State/Territory or Commonwealth;
- A uniformed inspector of an animal welfare organisation performing functions under animal welfare legislation; or
- Any government agency, whether local, State/Territory or Commonwealth

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
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As outlined earlier within this form, there is an expectation you would have read certain documentation prior to submitting this form to us for consideration. Please confirm which of the following documents you have read:

RSPCA ACT Volunteer Handbook	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relevant Foster Care Handbook	Yes <input type="checkbox"/> No <input type="checkbox"/>

I, _____ declare that all information given with this application is true and correct. I agree that I am applying to be a volunteer for RSPCA ACT, a volunteer being "someone who enters into any service of their own free will, or who offers to perform a service or undertaking for no financial gain" and that no contract of employment is created by the acceptance of my application or the service I provide. I agree that RSPCA ACT may reject my application for any reason and, if my application is accepted, may terminate my engagement as a volunteer at any time and for any reason.

Thank you for completing this application. Please return it to:

Email volunteers@rspca-act.org.au Post - PO Box 3082, Weston Creek ACT 2611

Personal and Household Details			
Please List all members of the household including their ages.			
Who will be working with the foster animal(s)?			
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 <input type="checkbox"/> No <input type="checkbox"/>
Is anyone in your household pregnant?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is anyone in your household immune-suppressed?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you feel emotionally capable of returning your foster(s) to the RSPCA ACT when the foster care term has ended?			Yes <input type="checkbox"/> No <input type="checkbox"/>
When are you available to start fostering?			

Residential Details			
Do you live in a:	House <input type="checkbox"/> Townhouse <input type="checkbox"/> Unit <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
Are you a:	Home owner <input type="checkbox"/> Renting <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
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)			

Other Animals			
Do you have pets of your own? If yes, please provide details about the type and age of all pets below.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your own pets allowed in the house?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to keep the foster(s) separate to your own animals?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your pets currently vaccinated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are your pets desexed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your pets have any medical conditions? If yes, please provide details.			Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
Neonatal kittens – orphans under four weeks of age requiring intensive hand rearing and four to six weeks of care.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Juvenile kittens – four to eight weeks of age requiring two to four weeks of care.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Injured or sick animals – will probably require medications or special housing conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

If you have any other information or comments you would like to share, please do so below.