

VOLUNTEER PERSONAL DETAILS FORM

Personal Details

Mr Mrs Ms Miss Dr Other	Last Name:	
First Name:	Preferred Name:	
Address:		
Suburb:	P/Code:	
Phone (h):	Phone (w):	Phone (m):
Email:	DOB: / /	

In Case of Emergency Contact Details

Contact Name:	Relationship:
Phone (h):	Phone (m):

Health Assessment

Do you have any disabilities or medical conditions that would limit your ability to do certain tasks? Yes No

If yes, please provide detailed explanation on the functions you cannot perform to allow us to assist where possible with your health & safety. If additional space is required, please attach a separate page.

Have you had a tetanus vaccination within the last 10 years? Yes No

Junior Members

Please list below any Junior Members that are aged between 16 and 18 years of age. These junior members will have a non-voting status until the age of 18 years.

Member 1:	Member 2:
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Declaration

I declare that the statements made by me in the application are true, complete and correct.

Volunteer Name: _____

Volunteer Signature: _____

Date: / / (Please turn to the last page to read and sign the acceptance)

Your privacy is taken very seriously. Your personal information will be published on our internal system 'ShelterManager' for record keeping purpose(s) & general access within Gladstone PAWS Your personal information will not be used for any marketing purposes, nor disclosed to a third party without your consent. If you prefer not to be listed on ShelterManager please contact us.

FOSTER PARENT INFORMATION

Other Residents

Are there other people living at your property? Please provide full names, ages and relationship to applicant. (Contact details are optional)

Name:	DOB: / /	Relationship:
Name:	DOB: / /	Relationship:
Name:	DOB: / /	Relationship:

Foster Preferences

Dogs: Large Medium Small	Puppies: 1 More	Cats Kittens
Other Animals (own cage must be provided):	Birds Rats/Mice Guinea Pigs	Reptiles:
Would you consider taking a mother and her litter?	Yes No	
Do you have any other pets?	Yes No	If yes, what type?
Have your dogs/cats been desexed?	Yes No	
Are your pets fully vaccinated and wormed regularly? (mandatory requirement)	Yes No	
Are there any transmissible diseases that your pets have suffered from?	Yes No	If yes, what?
Have your pets shown any aggressive tendencies or been involved in any fight or bite incidents?	Yes No	If yes, please provide details.
If you live in a rental premises, have you contacted the landlord or real estate for permission?	Yes No	
Can you provide regular exercise, stimulation and basic training for these animals?	Yes No	
Are you able to safely and suitably contain these animals at all time?	Yes No	
Do you have reliable transport and are you willing to transport animals to/from vet appointments, adoption days and/or viewings? (semi-flexible yet required)	Yes No	
What days/times are you or another suitable person home each week?		
Are you willing to provide temporary crisis-care whose owners have been admitted to hospital or are effected by domestic violence (1-30 days)? (note that little history may be known on these animals including vaccination or medical history)	Yes No	

Dog Foster Carers (please leave blank if not fostering dogs)

Do you have a fully fenced yard, with no gaps or damaged fences? Yes No

What height are your fences? 3ft (hip height) 4ft (waist height) 5ft (shoulder height) 6ft (head height)

What material/s are your fences made of?

Where will be pet mostly reside: Indoors Outdoors Enclosure Kennel Other

Is your property near a busy highway, backing onto a walking/bike path or heavy populated area? Yes No

Cat Foster Carers (please leave blank if not fostering cats)

Can the cat/s be kept indoor at all times or in an enclosure? Yes No

Do all of your windows have screens? Yes No

Our cats are adopted directly through Gladstone PAWS or through our partnership with Petbarn Gladstone. Do you agree to transport your cat to Petbarn within 24 hours or notification, if required? Yes No

Other Animals (please leave blank if not fostering other animals)

Please provide information on cages/enclosure spaces and equipment available to care for other animals (reptiles such as bearded dragons, snakes and turtles, birds, pocket pets)

PLEASE NOTE - I understand that the animals will remain the property of Gladstone PAWS whilst they are in foster care. All adoption enquiries are to be directed to the adoption line and animals are not to be adopted, sold or given away by me. I understand it is my responsibility to return these animals for desexing, adoption and other required events, and to notify Gladstone PAWS of any observed behavioural and/or medical concerns. I will not expect Gladstone PAWS to reimburse me for veterinary bills unless previously authorised by a Gladstone PAWS executive member on a case-by-case basis. I understand that at rare times a foster animal may need to be humanely euthanised due to medical or behavioural conditions deemed not viable for rehabilitation. I will not hold the Gladstone PAWS responsible for any damage, property or personal, the foster animal/s may produce. I will not expose the foster animal/s to unnecessary risks (dog parks, off leash areas or known aggressive animals).

I have received and read the 'Local information for Foster Carers' and have filled out a Volunteer Application form.

I have read the information sheet on Parvovirus Infection and I understand that although stringent measures are put in place to reduce the chances of infection, there is still some risk of receiving an animal that is infected. I understand that in support of these risk control measures, I am unable to foster animals from another animal rescue group whilst registered as a current member of Gladstone PAWS, unless specifically authorised by an executive team member. I understand that it is a local laws requirement for Gladstone residents to have their own dogs/cats registered with Gladstone Regional Council. I agree to notify Gladstone PAWS, in writing, if my contact details or situation changes, including decision to cease volunteering as a foster parent.

Gladstone PAWS recommends that foster carers notify and seek the support of landlords, neighbours and/or housemates before submitting an application to become a foster parent for rescued pets.

I understand and agree to the above statements.

Foster Name: _____

Foster Signature: _____

Date: ____ / ____ / ____

Acceptance of Assistance

This Acceptance acknowledges you have volunteered your time and efforts to assist Gladstone PAWS. This Acceptance is made between Gladstone Paws and _____ (volunteers name).

Duties: You agree to carry out the duties as outlined in your role summary, and as agreed. Should you move into a new volunteering capacity this must be done with prior approval from a Management Committee Member or relevant coordinator. This is to ensure the health and safety of you as a Volunteer, and the welfare of animals are protected.

Insurance: Gladstone PAWS will provide Public Liability insurance cover for all Volunteers.

Membership fee: You understand that there is a small annual membership fee applicable for your registration as a volunteer with Gladstone PAWS. This assists us in keeping a list of current members and covers your insurances.

Uniform: We have Gladstone PAWS uniform polos available to order at your own expense. We encourage volunteers to purchase a polo for participation in various fundraising and other events of the association.

Visas: If you are on a visa, or/and have current visa related restrictions, you agree to adhere to these restrictions, and your visa guidelines as stated by the Department of Immigration Australia.

Termination of Acceptance: This Acceptance may be terminated by either party, at any time and for any reason. It is requested that you give as much notice as possible prior to leaving your Volunteer role with Gladstone PAWS. This is primarily to assure Gladstone PAWS can plan appropriately as to Volunteer requirements in order to effectively operate.

Policies: You agree to read and abide by all relevant policies and procedures. Gladstone PAWS accepts the assistance from you as a volunteer, subject to you agreeing to comply with the association's objectives, code of conduct and instructions.

Representation of the Gladstone PAWS and partners: As a representative of Gladstone PAWS, you agree to abide by policy on media and public contact, and to positively represent Gladstone PAWS and/or its positions/campaigns and corporate partners. You agree that the association's acceptance of your offer of voluntary assistance does not and is not intended to create any relationship of agency or employment between yourself and the association (within the ordinary meaning of these terms or as defined by statute, and to the extent permitted by law). You must not hold yourself out as being authorised to exercise any responsibilities for or on behalf of Gladstone PAWS other than as provided by this arrangement. You acknowledge Gladstone PAWS will not make any payments to you in respect of your voluntary assistance.

Tetanus Injection: It is a requirement that before handling animals you have an up to date tetanus vaccination. You must also understand that it is your responsibility to keep your tetanus vaccination current during your time volunteering with Gladstone PAWS.

Conflict of Interest: Gladstone PAWS is a small community animal rescue network. You agree to avoid potential conflict of interest situations to the best of your ability and advise the management committee of any potential upcoming conflict/s in order to discuss a suitable course of action.

Confidentiality: You agree to maintain confidentiality of all/any private and/or internal information made available to you as a volunteer of Gladstone PAWS. You must not share any unpublicised materials with other sources, during or after your involvement with the association.

Pet Vaccinations: Please be advised that contact with our environment and our animals carries risk of contamination and disease spread to your personal pets, and it is therefore important to ensure they are up-to-date with all of their vaccinations. If you are not 100% sure, it is highly advised to check with your vet before commencing with us. The major diseases to be vaccinated against include Parvovirus & Kennel Cough (Canine); Cat Flu & Feline Immunodeficiency Virus (FIV). For further information, please consult your vet.

Your Declaration: I understand and agree to the above, and I understand the following Workplace Health & Safety concerns & requirements (as discussed in more detail during recruitment/orientation training):

- Importance of adhering to all information and advice given by Gladstone PAWS management committee and coordinators in regards to handling any animals. This is to insure the safety of all volunteers and animals, and to minimise the risk of spreading infection and the subsequent cross-contamination to other animals (including personal pets).
- The implications of 'Duty of Care', and that I have a 'Duty of Care' to myself, my team mates, the animals I come into contact with, members of the public, and Gladstone PAWS in the way I conduct myself.
- The requirement to volunteer exclusively with Gladstone PAWS as an animal rescue organisation and advise the association of any and all potential situations where a conflict of interest may arise.
- To notify Gladstone PAWS of any changes in my personal details, contact information or situations that may effect my ability to fulfil these conditions, including my desire to terminate my volunteer agreement with the association.
- I also understand the importance of confidentiality within Gladstone PAWS and declaring of potential conflicts of interest. By signing below I am indicating my complete adherence to Gladstone PAWS confidentiality policies and procedures.
- I understand that my annual membership (for ordinary members) affords me the right to attend and vote for members of the Management Committee at the Gladstone PAWS Annual General Meeting, held at the end of each year.

Volunteer Signature: _____ Date: ____/____/____

Date: ____/____/____

Coordinator/Manager Name: _____ Coordinator/Manager Signature: _____