



FOSTER APPLICATION

APPLICANT INFORMATION

NAME			BIRTHDATE*
FIRST	MI	LAST	
ADDRESS*			EMAIL (NOTE: A valid email address is required to volunteer)
CITY	STATE	ZIP	MOBILE PHONE*
EMPLOYER	OCCUPATION	PERMISSION TO TEXT <input type="checkbox"/> YES <input type="checkbox"/> NO	

PERSONAL REFERENCE

NAME*	EMAIL*	PHONE*

EMERGENCY CONTACT

NAME*	RELATIONSHIP	PHONE*
1.		
2.		

HOUSEHOLD INFORMATION

LIVING ACCOMMODATIONS <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> OTHER:	LANDLORD NAME*	LANDLORD PHONE*
DO YOU WORK <input type="checkbox"/> FROM HOME <input type="checkbox"/> OUTSIDE THE HOME <input type="checkbox"/> I DO NOT WORK <input type="checkbox"/> I AM RETIRED		
DO YOU HAVE A FENCED-IN YARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES YOUR LEASE ALLOW PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE SCREENS ON ALL WINDOWS? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHERE WILL THE FOSTER ANIMALS STAY?	IS THIS AREA TOGETHER WITH, OR SEPARATE FROM, ANY PERSONAL PETS?	
DO YOU HAVE CHILDREN LIVING WITH YOU?*		
<input type="checkbox"/> YES <input type="checkbox"/> NO How many? List ages:		
DO YOU OR ANY HOUSEHOLD MEMBER(S) HAVE ANY ALLERGIES TO PETS?*		
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how severe is the reaction, and how do you cope with them?		
DESCRIBE ANY PREVIOUS EXPERIENCE WORKING WITH ANIMALS (e.g. Jobs, Classes, Personal Pets, etc.)		

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DO YOU HAVE PETS?

YES NO If YES, please complete section below:

BREED	GENDER	AGE	ARE VACCINES CURRENT?	IS YOUR PET SPAYED/NEUTERED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

WHAT ARE THE CARE ARRANGEMENTS WHEN YOU ARE NOT AT HOME?

DESCRIBE ANY BEHAVIORAL CONCERNS OR MEDICAL CONDITIONS OF YOUR PETS*

IF YOU DO NOT HAVE ANY PETS NOW, HAVE YOU PREVIOUSLY HAD PETS?

YES NO If YES, where are they now?

FOSTER CARE INFORMATION

HOW MUCH TIME CAN YOU DEVOTE TO FOSTER CARE?

During the DAY?

EVENINGS?

WEEKENDS?

ARE YOU ABLE TO ACCEPT A FOSTER ASSIGNMENT FOR AT LEAST FOUR (4) WEEKS AT A TIME?

YES NO

WHAT TYPE(S) OF ANIMALS WOULD YOU LIKE TO FOSTER?

DOG CAT RABBIT

WHAT KIND OF ANIMAL(S) ARE YOU ABLE TO CARE FOR?

- INJURED/ILL (may require medication 3-4 times per day)
- PREGNANT MOTHER
- MOTHER WITH LITTER
- BOTTLE BABIES (requires feeding every 2-3 hours around the clock)
- WEANING BABIES (requires feeding every 4 hours around the clock)
- ORPHANED BABIES EATING ON THEIR OWN
- ANIMALS ON A BEHAVIOR/TRAINING PLAN

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WHAT DO YOU THINK COULD BE THE HARDEST PART ABOUT FOSTERING AND WHAT IS YOUR PLAN TO MANAGE THIS IN THE EVENT IT HAPPENS?

HOW DID YOU HEAR ABOUT OUR FOSTER PROGRAM?

DID A CURRENT VOLUNTEER RECOMMEND YOU TO THE IRVINE ANIMAL CARE CENTER (IACC)?

YES NO If YES, please list their name so we may thank them:*

ANIMAL CARE INFORMATION

PLEASE EXPLAIN WHY YOU WOULD LIKE TO BECOME A VOLUNTEER AT THE IACC

HAVE YOU VISITED THE IACC?

YES NO

ARE YOU CURRENTLY, OR HAVE YOU PREVIOUSLY BEEN INVOLVED WITH, OR FOSTERED ANIMALS FOR ANOTHER ANIMAL CARE OR RESCUE ORGANIZATION?

YES NO If YES, which organizations, how are you involved, and when?

ARE YOU COMPLETING VOLUNTEER HOURS REQUIRED BY ANOTHER ORGANIZATION (e.g. School, Court Mandated, or Diversion Program, etc.)?*

YES NO If YES, provide information about how many hours are required and what program it is for:

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HAVE YOU VOLUNTEERED WITH THE IACC IN THE PAST?

YES NO If YES, when?

HAVE YOU EVER BEEN TERMINATED FROM A VOLUNTEER OR PAID POSITION?*

YES NO If YES, please explain:

ARE YOU ABLE TO MEET THE *ESSENTIAL SERVICE REQUIREMENTS* OF THE VOLUNTEER PROGRAM? SEE ATTACHED.

YES NO

DO YOU HAVE ANY HEALTH CONDITIONS (PHYSICAL, MENTAL, OR EMOTIONAL) THAT MAY PREVENT YOU FROM PERFORMING CERTAIN TASKS?*

YES NO If YES, explain the condition(s) and any special accommodations you may need:

WHILE THE IACC MAKES EVERY EFFORT TO ADOPT OUT THE ANIMALS, SOME MAY BE DEEMED UNADOPTABLE DUE TO MEDICAL, BEHAVIOR OR MENTAL/EMOTIONAL PROBLEMS. AN ANIMAL DEEMED UNADOPTABLE WILL BE EUTHANIZED HUMANELY. WILL YOU BE ABLE TO VOLUNTEER KNOWING THAT THE IACC DOES EUTHANIZE ANIMALS?

YES NO

OUR MEDICAL TEAM MAKES CARE DECISIONS FOR THE ANIMALS ACCORDING TO PROTOCOL, BEST PRACTICES, AND THEIR BEST PROFESSIONAL JUDGEMENT. HOW DO YOU THINK YOU MIGHT RESPOND IF THEY MAKE A DECISION THAT IS DIFFERENT THAN WHAT YOU WOULD PREFER OR FROM WHAT YOU THINK YOUR PRIVATE VETERINARIAN MIGHT DO?

VOLUNTEER AGREEMENT

I give permission to the City of Irvine staff to check the reference that I have listed and verify any information given above.

I certify that the facts set forth in the volunteer application are true to the best of my knowledge.

I understand that any falsification, misrepresentation or concealment of information on this application is sufficient grounds for immediate discharge and the City of Irvine shall not be liable in any respect if my volunteering is so denied or terminated.

I understand that I donate my services to the Irvine Animal Care Center (IACC) without contemplation of compensation or future employment. The relationship between a volunteer and the IACC must be one of mutual benefit. The IACC is not obligated to accept or retain any person who volunteers his or her service. Volunteers serve at will.

I agree to conduct myself with dignity, professionalism, courtesy, and consideration of others.

I understand that based on performance and/or conduct my volunteer role may be reassigned by staff.

I understand that I am not authorized to make operational decisions or to act on behalf of the IACC to any other organization or agency.

I authorize the City of Irvine to use my photograph, likeness, and video footage of me for promotional purposes.

I understand that my volunteer service may be terminated at any time the volunteer department deems my volunteer service contrary to the best interests of the IACC.

I agree to complete all necessary training sessions.

I agree to not perform duties I am not trained and/or authorized to perform.

I agree to bring the foster animals to the IACC for wellness checks every two weeks, or as requested by the veterinarian.

I agree to keep my personal pets separate from the foster animals at all times.

I agree to be the primary caregiver and supervisor of the animals.

I will not travel with the animals other than visits to the IACC and will not relocate them away from my home without written permission from the IACC.

I understand that some animals are euthanized at the IACC for reasons of health or behavior, and that the determination to euthanize is strictly a staff decision and responsibility.

SIGNATURE

DATE

PRINT NAME