

EARPS, Inc. Volunteer/Foster Application

volunteer@earps.org

PO Box 736; Brownsburg, IN 46112

www.earps.org

(Revised 7/31/12)

Section 1

Name:		Date:	
Address:		PO Box:	
Apt #:		City:	
State:		Zip Code:	
County:		Home Phone:	
Cell Phone:		Work Phone:	
Email:			

Age: (Place and X to the left of the appropriate box)

<input type="checkbox"/>	Under 18	<input type="checkbox"/>	18-22	<input type="checkbox"/>	23-27	<input type="checkbox"/>	28-32	<input type="checkbox"/>	33-37	<input type="checkbox"/>	38-42
<input type="checkbox"/>	43-47	<input type="checkbox"/>	48-52	<input type="checkbox"/>	53-57	<input type="checkbox"/>	58-62	<input type="checkbox"/>	63-67	<input type="checkbox"/>	68+

Where did you hear about EARPS, Inc.:

<input type="checkbox"/>	From a Vet	<input type="checkbox"/>	From a Friend	<input type="checkbox"/>	Pet Store
<input type="checkbox"/>	By Advertisement	<input type="checkbox"/>	From Petfinder.com	<input type="checkbox"/>	VolunteerMatch
<input type="checkbox"/>	EARPS Event	<input type="checkbox"/>	Search Engine	<input type="checkbox"/>	Other

Other people who live in the household:

Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	

List all volunteer experience you have. Include the name of the organization and what duties you performed.:

--

Why do you want to be a volunteer/foster for EARPS, Inc.?

--

Do you have any limitations to your volunteering commitment? If yes, please explain in detail (cannot lift heavy objects, limited walking, does not like making phone calls, etc).

--

Do you enjoy working alone or with others:

Alone		In small groups or with individuals		In large groups	
-------	--	-------------------------------------	--	-----------------	--

What skills, abilities, and/or interests do you have that you think would be an asset to the group?

--

Would you be interested in helping with any of the following? (Check as few or as many as you like.)

Fostering		Writing for the newsletter		Phone Interviews	
Fundraising		House Visits		Intake/Surrenders	
Adoption Events		Animal Transport (valid license required)		Making Flyers/Posters	
Publicity		Other:			

Do you currently have any pets of your own? If so, list each pet including age, species, and how long they have been in your family.

--

Have you ever had to surrender an animal? If yes, explain the situation in detail.

--

Do you or have you ever bred an animal on purpose or accidentally? If yes, explain in detail.

--

Do you have any allergies to animals? If yes, which animals and what are your symptoms?

--

Do all of your pets/animals live in the house? If no, explain in detail.

--

Section 2

(fill out this section if you want to foster. Otherwise, skip to section 3.)

Have you ever fostered animals in the past? If yes, what species.

Why do you want to be a foster parent?

Are all family members in agreement with fostering? If no, please explain the situation in detail.

How long are you willing to foster an animal until it is adopted?

Do you have any limitations to your fostering commitment? If yes, please explain in detail (cannot lift heavy objects, limited walking, can only foster during certain times, etc).

As a foster parent you will be required to house your foster animals inside. By initialing, you acknowledge that you will abide by this provision. **Initial**_____

Are you able to transport your foster animal(s) to one of the following veterinary facilities when medical care is required? If yes, which veterinary facility?

Avian and Exotic Veterinary Clinic
9330 Waldemar Road
Indianapolis IN 46288
(317) 879-8633

Dupont Veterinary Clinic
11605 Coldwater Rd.
Fort Wayne, IN 46845
(260) 637-7676

Allen Veterinary Hospital
5026 Decatur Rd
Fort Wayne, IN 46806
(260) 744-4121

Tippecanoe Co Animal Hospital
3818 SR 38E
Lafayette, IN 47905
(765)446-3818

Eagle Creek Animal Clinic
7307 West 38th Street
Indianapolis, IN 46254
(317) 291-5830

Parkside Animal Hospital
12962 Publishers Drive
Fishers, IN 46038
317-849-1440

Do you have experience taking care of sick, injured, very young, or geriatric animals? If yes, explain in detail.

--

Do you have experience giving medications to animals? If yes, explain in detail.

--

Which species are you interested in fostering?

	Amphibians		Chinchillas		Degus		Ferrets
	Fish		Gerbils		Guinea Pigs		Hamsters
	Hedgehogs		Mice		Rabbits		Rats
	Sugar Gliders		Other:				

Are there any animals listed above that you are not comfortable fostering? If yes, which animals?

--

Do you own or rent? If you rent, do you have permission from your landlord to foster.

--

If you rent, attach a copy of your current pet policy to this application or a letter from the landlord giving permission to foster

I understand that each species of animal has specific dietary and environmental needs. I agree to follow the care sheet given to me by EARPS, Inc. regarding appropriate food, bedding, etc. I am aware that not following the care sheet puts the foster animal in danger of developing many medical conditions that can result in irreversible damage to organ systems and death. **Initial**_____

EARPS, Inc. will attempt to provide you with an honest evaluation of temperament on any animal we have. Do you realize that often times the complete history of an animal may not be known and you may encounter some behavioral problems?

Initial_____

While you are caring for foster animals, EARPS, Inc. will call you occasionally to check on the animal's progress and address any concerns. EARPS, Inc. reserves the right to remove an animal from a foster home if EARPS, Inc. has any reason to believe that the health or welfare of the animal is in jeopardy. If for any reason the foster parent cannot

fulfill the fostering duties, the animal must be returned directly to an EARPS representative. If the foster parent decides to adopt the animal they are fostering, they must submit an adoption application, be subject to the adoption approval process, and appropriate adoption fees. If a foster parent finds a possible permanent home for their foster animal, they must direct that prospective owner to a representative of EARPS, Inc. to begin the adoption process. **Initial**_____

Section 3

By initialing you agree to an interview prior to volunteering for EARPS, Inc. Fosters agree to a house check prior to volunteering.

In consideration of EARPS, Inc. accepting my application for volunteering, I agree to release and hold EARPS, Inc. harmless from and against any and all loss, damage, claims, liability, and costs of any nature whatsoever. I understand there are certain risks inherent in handling animals and I accept those risks. **Initial**_____

Volunteers may not accept any animal surrendered to them in the name of EARPS, Inc.. The person surrendering the animal **must** be directed to EARPS, Inc. and fill out the appropriate paperwork. EARPS, Inc. will not provide any financial support to any animal being fostered that has not been processed by EARPS, Inc.. **Initial**_____

Volunteers may not adopt out any EARPS foster or sanctuary animals in the name of EARPS, Inc.. The person wanting to adopt **must** be directed to EARPS, Inc. and fill out the appropriate paperwork. **Initial**_____

By initialing below, I acknowledge that filling out a volunteer application does not guarantee a volunteer position with EARPS, Inc. A personal interview must also be taken into consideration. Foster Applicants - a home inspection is taken into consideration. Initial_____

Do you wish to receive our periodic newsletter by email? Yes_____ No_____

By signing this form, you agree to the above statements and certify that the answers given above are true and factual:

--

Applicant Signature

Date