

St. Louis Avian Rescue (STAR) Foster/Volunteer Application

ANY APPLICATIONS NOT FILLED OUT COMPLETELY WILL NOT BE CONSIDERED!

Thank you for taking the time to complete this application form in its entirety. The information provided will help us understand your home environment, as well as your qualifications and interests. Do not hesitate to call with questions or assistance in completing this form. Please be as thorough and precise as possible. We will be checking ALL veterinary references, and we ask that you notify your clinic so they can release information to our organization. *We reserve the right to refuse an applicant.*

Due to limited volunteer time, we review applications twice a month. Your patience is appreciated.
Approved applicants will be placed on our mailing list for updates and special events (program use only).

Date: _____

CONTACT INFORMATION:

| | | | |
|------------------------|--|-------------|--|
| Name: | | | |
| Address: | | | |
| City, State, Zip Code: | | | |
| Home Phone: | | Cell Phone: | |
| Work Phone: | | E-mail: | |

What is the best way to reach you? _____

VOLUNTEER INTERESTS:

In what way are you interested in helping – adoption/special events, fostering, fundraising, phone calls, transporting, etc?

RESIDENTIAL INFORMATION:

Type of residence: House _____ Condo _____ Apartment _____ Other _____

Do you rent _____ own _____? How long have you resided here? _____

How many people who reside in or visit your home smoke cigarettes or use other nicotine products? _____

FAMILY DEMOGRAPHICS:

Family members residing in home **including yourself**: _____

| Name (including yourself) | Age | Relationship to you |
|---------------------------|-----|---------------------|
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Does anyone in your household have allergies or asthma? _____

EMPLOYMENT INFORMATION:

Are you employed outside of the home? Yes No If yes, full-time or part-time? _____

Occupation: _____ Name of Employer: _____

Address: _____

STUDENT INFORMATION:

Are you a student? Yes No If yes, full-time or part-time? _____

School: _____ Date of Graduation: _____

Please tell us about your bird experience: _____

Are you aware that exotic birds may carry diseases that can infect humans? Yes No

Do you use scented plug-ins, air fresheners, candles, etc? _____

Do you use nonstick coated cookware? Yes No

Do you currently have any birds? Yes No If yes, please list:

| Name | Species | Age | Sex - if known | How long have you had this bird? | Date of last vet visit |
|------|---------|-----|----------------|----------------------------------|------------------------|
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How often do you clean the cage? _____

How do you disinfect the cage? _____

How much time does your bird spend alone? _____

How much time does your bird spend outside the cage each day? _____

What kinds of foods do you feed your own bird(s)?

- Pellets Seeds Nuts Bird Treats Fruits Vegetables Cooked Foods
 Table Foods Snack Foods

Describe your bird's sleeping habits, including bedtime, wake-up time, nap time, and hours of sleep each day:

Describe your bird's bathing habits, including frequency, likes, and dislikes: _____

Do you currently have an avian veterinarian? Yes No If yes, please provide contact information:

| | |
|------------------------|--|
| Clinic Name: | |
| Avian Vet's Name: | |
| Address: | |
| City, State, Zip Code: | |
| Phone: | |

Do you currently have pets other than birds? Yes No If yes, please list:

| Name | Species/Breed | Age | Spayed/ Neutered? | De-clawed? | Indoor or Outdoor | How long have you had this animal? | Date of last vet visit |
|------|---------------|-----|----------------------|------------|-------------------------|--|------------------------------|
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Have you ever had any pets you no longer have? Yes No If yes, please explain the circumstances.

Do you currently have a veterinarian? Yes No If yes, please provide contact information:

| | |
|------------------------|--|
| Clinic Name: | |
| Vet's Name: | |
| Address: | |
| City, State, Zip Code: | |
| Phone: | |

Are you agreeable to having a representative visit you in your home prior to fostering? _____

FOSTERING INFORMATION:

If you are interested in fostering, what kind of birds would you be comfortable with?

| | | | |
|---|--|--|---|
| Small Birds (Finches, Budgies, Cockatiels, smaller Conures, etc.) | Medium Birds (larger Conures, Indian Ringnecks, smaller Amazons, etc.) | Large Birds (African Greys, larger Amazons, smaller Cockatoos, etc.) | Extra-Large Birds (large Cockatoos, Macaws, etc.) |
| <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"/> |

Is there a species which you do not wish to foster? _____

Can you intake a bird and quarantine it? _____

Are you able to handle birds with behavior problems? _____

Are there specific behavior problems you would not be comfortable dealing with? _____

Are you willing to show the foster birds to well-screened, qualified potential adopters in your home? _____
Do you mind if potential adopters call you for information on the temperament of the foster bird(s)? _____

Additional comments? _____

FOSTER/VOLUNTEER AGREEMENT

PLEASE READ CAREFULLY. This is not meant to intimidate you nor to cast a negative light on exotic birds. Rescued birds are no more and no less likely to behave in an aggressive or unpredictable manner than any others. But, we want to make you aware of *possibilities* when working with them.

The birds St. Louis Avian Rescue (STAR) places in foster homes have been surrendered, abandoned, or in some way displaced. They may have been abused or neglected. There may only be limited information available regarding their previous environment. STAR will share with you what information we have. There will be an adjustment period. Remember to be patient, consistent, and understanding.

The birds placed in foster homes may not have been seen yet by a veterinarian. Avian medicine is a relatively new discipline. It is possible for a bird to be a carrier of, or infected with, a disease that is undetectable with the current tests and tools available today. Therefore, you should quarantine any bird new to your flock. STAR recommends a period of at least 30 days – 90 would be even better.

If a bird is placed with you, you will be responsible for providing appropriate food, water, and loving attention. STAR will provide pelleted food or seed mix whenever possible for all rescued birds in foster care. STAR will be financially responsible for the veterinary care. However, you will need to provide transportation to and from the clinic.

I certify that I have never been charged with nor convicted of animal abuse or neglect in Missouri or any

other state. I certify that no one in the household where this bird would reside has been charged with nor convicted of animal abuse or neglect in Missouri or any other state. _____ (*Please Initial*)

I understand STAR is actively seeking a permanent home for any bird placed in foster care. I certify that I will return to STAR, upon request, any bird placed in my home for foster care.

I, the undersigned, acknowledge there are risks in visiting, housing, and/or handling exotic birds, including illness or injury to pets or myself, and/or damage to my property. I agree to release St. Louis Avian Rescue, from any liability in the event.

Signature

Print Name

Date

Please complete and e-mail to info@staravian.org

Or mail to:

STAR • PO Box 732 • Manchester, MO 63011