

New Hope Partner Application



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ORGANIZATION

GROUP NAME

ADDRESS

CITY

STATE

ZIP

GROUP'S EMAIL

WEBSITE

PRESIDENT OR DIRECTOR

PRIMARY PHONE

ALT. PHONE

INDIVIDUAL EMAIL ADDRESS

Please list individuals who are authorized to pull animals on this group's behalf. Each group is permitted to submit a maximum of five people; individuals not listed will not be permitted to put animals in this group's name.

NAME

ROLE

PHONE

EMAIL

1. _____

2. _____

3. _____

4. _____

5. _____

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REFERENCES

PRIMARY VETERINARIAN			
CLINIC NAME			
ADDRESS			
PHONE		FAX	
EMAIL			

EMERGENCY VETERINARIAN	* IF PRIMARY VET DOES NOT PROVIDE EMERGENCY SERVICES		
CLINIC NAME			
ADDRESS			
PHONE		FAX	
EMAIL			

THREE PROFESSIONAL REFERENCES:

Please provide three professional references. At least one reference must be an adopter who has adopted from your group within the last six months. If your group has a foster network, one reference must be someone who has fostered animals for your organization. The third reference can be another adopter or foster, a volunteer, or another animal welfare organization that your group has worked with on animal placement or adoption.

NAME / PROFESSIONAL RELATIONSHIP	1		
ADDRESS			
PHONE		EMAIL ADDRESS	

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REFERENCES (continued)

NAME / PROFESSIONAL RELATIONSHIP				2
ADDRESS				
PHONE		EMAIL ADDRESS		

NAME / PROFESSIONAL RELATIONSHIP				3
ADDRESS				
PHONE		EMAIL ADDRESS		

The following documents are required in order to process your application. If they are not included and there is not a reasonable explanation as to why, we will not be able to proceed.

1. A copy of the organization's 501(c)(3) status (or documented proof of a submitted application) or veterinary business license.
2. A copy of the organization's articles of incorporation and by-laws (if applicable).
3. A copy of the organization's adoption application and agreement.
4. A copy of the organization's foster application and agreement (if applicable).
5. A written description of the organization's adoption process.
6. A list of all boarding facilities and trainers utilized by the organization, including name, address and contact information.

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The applicant hereby agrees to indemnify and hold harmless Animal Care Centers of New York City (ACC) and its officers, employees and agents, from all claims, losses, suits, damages, or costs arising from applicant's participation in the ACC New Hope Program, including, but not limited to, those arising from personal injury, damage to property, or costs/fees accrued as a result of maintaining the health of or caring for any animal.

By my signature below, I attest that the information contained in the ACC New Hope Partner Application is true and correct.

I have read, fully understand, and agree to follow and adhere to the New Hope Partner Eligibility Requirements, Policies, Procedures and Agreement. I understand that my eligibility to participate in the ACC New Hope Program can be suspended or revoked by ACC for any reason at ACC's discretion, including if I do not follow the applicable policies and procedures.

Date: _____

Organization Name: _____

Printed Name of President or Director: _____

Signature of President or Director: _____

Please forward your completed application with attachments to **newhopeprogram@nycacc.org**. You will receive an email confirmation within 48 hours. Incomplete applications will not be accepted or processed. If you have any questions about your application, please contact **newhopeprogram@nycacc.org**.

Thank you for your interest in becoming an ACC New Hope Partner!