

APPLICATION FORM FOR A NEW VOLUNTEER FOR A MEMBER GROUP

PLEASE USE BLOCK CAPITALS THROUGHOUT AND RETURN TO THE GROUP ORGANISER ON COMPLETION



Riding for the Disabled Association
Incorporating Carriage Driving

GROUP NAME	Herefordshire RDA	
CHARITY NO	1100675	
CONTACT NAME	Lisa Millman	
ADDRESS	Holme Lacy Therapeutic Centre Holme Lacy College Campus Holme Lacy Herefordshire HR2 6LL	
TEL NO	07787813558	01432 870 831

All information will remain confidential and be used for RDA purposes only.

1 YOUR DETAILS AND PARENT/GUARDIAN IF UNDER AGE 16

Full Name			
Date of Birth		Age	
Address			
Email Address			
Telephone Number			
Mobile Number			

2 PARENT/GUARDIAN DETAILS IF APPLICANT UNDER AGE 16

Full Name			
Address			
Email Address			
Telephone Number		Mobile	

2 SPECIFIC INFORMATION ABOUT YOU

Equine experience	
Experience Volunteering/working With people with disabilities	
Other skills and Professional qualifications	
What, if any, conditions do you have that we may need to consider when placing you as a volunteer	

3 REFERENCE (preferably to be signed by someone other than a family member)

Full Name			
Address			
Email Address			
Telephone Number			
I am happy to recommend the applicant (whom I have known for years) as an RDA volunteer			
Signature		Date	

3b REFERENCE (preferably to be signed by someone other than a family member)

Full Name			
Address			
Email Address			
Telephone Number			
I am happy to recommend the applicant (whom I have known for years) as an RDA volunteer			
Signature		Date	

4 DECLARATION

Have you ever been convicted of a criminal offence or been the subject of a caution, a "bound over order" or a "civil action" involving physical or sexual abuse or violence.

YES / NO (please delete whichever is not applicable)

If YES, please provide details

Have you ever been the subject of any disciplinary actions or sanctions relating to Child abuse, sexual offences or violence?

YES / NO

If yes, please provide details

You are required to self-certify that you are not known to any Social Services as being an actual or potential risk to children and that you have not been disqualified or prohibited from fostering children or had rights or powers in respect of any child vested in or assumed by a local authority, or had a child ordered to be removed from your care.

As part of the checking procedures, you are advised that the Group reserves the right to make reference to the Local Authority Social Services Department and Police Records to verify information given on this form, when it is submitted or at any time in the future. It is the Group's policy to make random police checks and to take up all references.

NB: It is the duty of all Group personnel, instructors and volunteers to report any change or conviction involving children.

By ticking this box I do NOT consent to my photograph being taken/used for RDA purposes

I consent to an enhanced Disclosure and Barring Service check being made, will abide by the Group's policies and procedures and confirm that the information provided on this form is correct. I accept that failure to disclose information or subsequent failure to conform to the Group's Vulnerable Persons Protection Procedures may result in possible disciplinary action.

Signature of Applicant		Date	
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Signature of Parent/Guardian		Date	
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RDA Group Use:

Is application approved or declined? (delete as appropriate)

Is Approval Subject to Probation Period?

Date Application Received: _____

APPROVED / DECLINED

Y / N If Yes – Review Date: _____