

Please tell us about any other skills and professional qualifications you may have which may help us.

Is there any information that we may need to consider when placing you as a volunteer to ensure you have a positive experience? (Medical conditions, impairments, specific needs, accessibility requirements, allergies etc.)

PART 3 – EMERGENCY CONTACT DETAILS

If you become a volunteer with us it's important we know who to contact in case you are injured or become ill while volunteering.

| | |
|----------------------------|--|
| Full Name | |
| Relationship to you | |
| Telephone Number | |

By ticking this box I confirm I have consent of the individual listed above to be contacted in the case of an emergency during the course of RDA activities.

4 REFERENCES

We request all volunteers provide two references to support their application. These people should not be related to you, should have known you for at least 2 years and should be someone you know in a professional capacity where possible.

It is our policy to take up all references.

| | |
|------------------|--|
| Full Name | |
| Address | |
| Email | |
| Phone | |


| | |
|------------------|--|
| Full Name | |
| Address | |
| Email | |
| Phone | |

PART 4 – DECLARATION

- I wish to apply to join an RDA Group as a volunteer, and confirm that all details given on this form are true and accurate, to the best of my knowledge.
 - I confirm that I will notify RDA immediately if any of the details or information provided on this form should change in any way
 - I recognise that this activity involves risk, and that I, the volunteer, must take all reasonable precautions and follow all advice properly given, at all times
 - I confirm that I will adhere to the RDA Codes of Conduct
 - I understand that horses and ponies, by nature, are unpredictable and as such they may react to a situation or to the local environment in such a way that the volunteer may be knocked by accident.
- In the absence of any negligence on the part of the RDA Group or RDA UK, I fully understand and accept that no liability will attach to either party.**
- **I consent to an enhanced disclosure check being made (if applicable), 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 Safeguarding Policies & Procedures may result in possible disciplinary action.**

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.

NB: It is the duty of all Group personnel, Coaches and Volunteers to report any conviction involving children.

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|------------------|--------------------------|
| <p>PHOTOGRAPHS/ VIDEOS</p>  | <p>I give my consent to photographs or videos of me being taken during RDA activities for training and/or publicity (including, but not limited to, websites, social media, newsletters and marketing materials for the RDA Group and RDA UK). I give this consent understanding that these images will <u>not</u> be given to a third party without my explicit consent</p> | <p>YES</p> | <input type="checkbox"/> | <p>NO</p> | <input type="checkbox"/> |
| <p>SIGNATURE</p> | <p>..... VOLUNTEER / PARENT / GUARDIAN / CARER <i>(please delete as appropriate)</i></p> | <p>DATE</p> | | | |

If you are under 18 this form must also be signed by a parent or guardian.

| | | | |
|----------------|----------------------------------|---------------|-----------------|
| Name | Relationship to Volunteer | | |
| Address | | | Postcode |
| | Telephone | Mobile | |

The information provided on this form will only be used for the purposes stated above in relation to RDA volunteering activities.

| | |
|-------------------------------------------------------------|----------------------------------|
| <u>RDA Group Use:</u> | Date Application Received: _____ |
| Is application approved or declined? (delete as applicable) | <u>APPROVED / DECLINED</u> |
| APPLICATION REVIEW DATE (At least every 3 years): | |