

APPLICATION FORM FOR A NEW VOLUNTEER AT A MEMBER GROUP

(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS)



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

To be completed by Group before being given to applicant	
GROUP NAME	Great Holm RDA
CHARITY NO	1073590
CONTACT NAME	Emily Sutherby
ADDRESS	52 Main Road, Drayton Parslow, Bucks, MK17 0JS
EMAIL	emz-sutherby123@hotmail.co.uk
TEL NO	07702138772

1 YOUR DETAILS

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

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 EMERGENCY CONTACT DETAILS

Full Name	
Relationship to you	
Address	
Email Address	
Telephone Number	
Mobile Number	

4 REFERENCES

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

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

5 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 subject to any disciplinary actions or sanctions relating to child abuse, sexual offences or violence?

YES / NO (please delete whichever is not applicable)

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, coaches and volunteers to report any conviction involving children.

I consent to an enhanced disclosure check being made (if applicable), will abide by Groups 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.

By ticking this box I do NOT consent to my photograph being taken during RDA activities for training and/or publicity (including websites and social media).

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

Signature		Date:	
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RDA Group Use:	Date Application Received: _____
Is application approved or declined? (delete as applicable)	<u>APPROVED/DECLINED</u>