VOLUNTEER APPLICATION FORM

Please make sure you fill in this form clearly, using BLOCK CAPITALS, and return it to the RDA Group address below

A Member Group of	
NDA	

This section must be complete	ed by the RDA Group, before the form is given to the volunteer
RDA Group Name	
Charity Number	
Group Contact Name	
Contact Address to which the completed application form should be sent	
Contact Email Address	
Contact Telephone Number	

All information provided on this form will remain strictly confidential, for use by relevant RDA personnel only, in compliance with the statutory requirements of the Data Protection Act 2018. It will be used to help us to understand any specific needs you may have and to support you. We will also use this information to contact you in relation to your activities with RDA - this may include sending you important information about your involvement in your RDA Group, or any other activities you may take part in within RDA.

PART 1 – YOUR DETAILS (details of the volunteer)

First Name/s			Last	Name			
What name/ nick	name do you like to be known by?				Prefe	rred Pronouns?	
Date of Birth			Sex	M / F /	I identif	y in another way	/ Prefer not to say
If you are not fl	uent in English, which language	e/s do you	ı use o	n a daily	basis?		
Address							
			Posto	ode			
Telephone			Mobi	e			
Email		·					

PART 2 - SPECIFIC INFORMATION ABOUT YOU

The information in this section will be used to help us learn a little more about you, understand your needs, and ensure we are able to place you in a suitable volunteering role at the group.

Please tell us about any experience volunteering/working with people with disabilities. (Physical disabilities,
earning disabilities, Autism)

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	that we may need to con edical conditions, impairme			
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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. 					
Social Services Department arthe future.	lures, you are advised that the Group reserves the right to make and Police Records to verify information given on this form, where	it is sub	mitted o	r at any	time in
PHOTOGRAPHS/ VIDEOS 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 not be given to a third party without my explicit consent YES					
SIGNATURE	VOLUNTEER / PARENT / GUARDIAN / CARER (please delete as appropriate)	DATE			

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

Name	Rela	ationship to Vo	olunteer	
Address				
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.

RDA Group Use:	Date Application Received:
Is application approved or declined? (delete as applicable	APPROVED / DECLINED
APPLICATION REVIEW DATE (At least every 3 y	ears):

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