

APPLICATION FORM FOR A NEW VOLUNTEER AT A MEMBER GROUP
(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS)



Group name	SHEFFIELD
Charity no	1074300
Contact name	MISS MICH OGLESBY (CHAIR)
Address	COWLEY RIDING SCHOOL, FOUR ACRES, COWLEY LANE, HOLMESFIELD, DRONFIELD, S18 7SD
Tel no	0114 2890356

All information you provide will enable us to contact you in relation to your volunteering activities with RDA. This may include sending you important information that relates specifically to your volunteer role.

1. YOUR DETAILS

Full name		Male <input type="checkbox"/> / Female <input type="checkbox"/>
Date of birth		Age
Address		
Email address		
Tel no		
Mobile no		
DBS checked	Yes <input type="checkbox"/> / No <input type="checkbox"/> (if Yes, please provide a copy of certificate)	

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.

Equine experience	
Experience volunteering/working with people with disabilities	
Other skills and professional qualifications	
Do you consider yourself to be disabled	
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.)	

3. EMERGENCY CONTACT DETAILS

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

Full name	
Relationship to you	
Tel no	

By ticking this box, I confirm I have the 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 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	
Tel no	

Full name	
Address	
Email	
Tel no	

5. DECLARATION

I consent to an enhanced disclosure check being made (if applicable), will abide by 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, instructors, and volunteers to report any conviction involving children.

By ticking this box, I give consent to my photograph being taken during RDA activities for training and/or publicity (including websites, social media, newsletters, and marketing materials for the Group and RDA UK). I give this consent acknowledging the photos will not be given to a third party without my explicit consent.

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

RDA Group use only:	
Date application received:	
Is application approved or declined? (delete as applicable)	APPROVED / DECLINED
APPLICATION REVIEW DATE (at least every three years)	