

APPLICATION FORM FOR A NEW VOLUNTEER AT A MEMBER GROUP

(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS)



To be completed by Group before being given to applicant	
GROUP NAME	Chigwell Riding Trust For Special Needs
CHARITY NO	212644
CONTACT NAME	Mrs Deborah Hall
ADDRESS	Grange Farm Lane, Chigwell, Essex. IG7 6DP
EMAIL	deborah@chigrade.org.uk
TEL NO	020 8500 6051

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

1 YOUR DETAILS

Full Name		Male / Female
Date of Birth		Age
Address		
Email Address		
Telephone Number		
Mobile Number		

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'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	

5 DECLARATION

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.

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