



RIDING FOR THE DISABLED ASSOCIATION OF WESTERN AUSTRALIA INC VOLUNTEER MEMBERSHIP APPLICATION

Copies of this form are to be kept by: 1. The original will be kept by the State Office RDAWA. 2 The Centre. 3 The applicant.

Centre _____

NEW VOLUNTEER RENEWING

VOLUNTEER DETAILS

Mr/Miss/Ms/Other First Name _____

Surname _____

Address _____

Suburb _____ Postcode _____

Phone (Home) _____ Mobile _____

Email _____

Gender Male Female

Date of Birth ____/____/____ Age as at 1st Jan _____

Do you have any existing medical conditions or take medication of which we should be aware of for your own safety?

No Yes

Please give details

I acknowledge and consent to photographs being taken of me during my participation in RDA Activities, and understand that they are owned by RDA and may be used for promotional or other purposes without my further consent being obtained.

No Yes

In accordance with the **Working with Children Act 2004** all volunteers 18 years and over doing child related work must hold or have applied for a Working with Children Check card prior to being accepted in RDA. **I hold a current Working with Children Card No:**

Card Sighted By _____

(Name of President or Centre Secretary)

I have applied for a Working with Children Check card

No Yes

AVAILABILITY

When are you available to volunteer at RDA?

MON	TUES	WED	THUR	FRI	SAT	SUN

SKILLS

Do you have any skills or qualifications that might help your RDA centre?

Management Admin Fundraising

People with disabilities Working with Horses

EMERGENCY CONTACT DETAILS

Mr/Miss/Ms/Other First Name _____

Surname _____

Address _____

Suburb _____ Postcode _____

Phone (Home) _____ Mobile _____

Email _____

Relationship to applicant _____

REFERENCES

Volunteers are required to provide 2 references

Name _____ Tel _____

Name _____ Tel _____

DECLARATION

In signing this form I have read and understand the following: **RDA Volunteer Code of Practice, RDA Privacy Statement and RDA Grievance Procedure.** As a volunteer I may be asked to participate in horse riding which can be inherently dangerous and which I have a right to decline. I may also exercise my right to change my mind in this matter at any time. RDA urges all volunteers to be up to date with tetanus immunizations and also advisable to be immunized for Hepatitis B.

Disclaimer

I am aware that horse riding can be inherently dangerous. Serious accidents can happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept the inherent risks involved in riding. Riding activities will be supervised to the level of my abilities.

Print full name _____

Signed _____ Dated _____

Applications under the age of 18 years require permission from their parent or legal guardian to volunteer.

Print full name _____
(Parent/Guardian)

Signed _____

OFFICE USE ONLY

Induction Complete Application accepted by centre Application rejected by centre

Date Received at State Office _____ Date Entered on Database _____

Amount paid \$ _____ Date application received by National Office _____

HAVE YOU RECEIVED THE COMPLETED VOLUNTEER RDAWA PRIVACY STATEMENT YES Dated _____