

APPLICATION FORM FOR A NEW VOLUNTEER AT A MEMBER GROUP

(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS BELOW)



To be completed by group before being given to applicant	
GROUP NAME	
CHARITY NO	
CONTACT NAME	
ADDRESS	
EMAIL	
TEL NO	

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

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 REFERENCE (preferably to be signed by someone other than a family member)

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

4 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

You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Amendment) 1986, you should declare all convictions, including 'spent' convictions. 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, instructors and volunteers to report any change or conviction involving children.

I consent to a criminal records check being made, will abide by the Group's policies and procedures and confirm that the information provided on this form is correct and accept that failure to disclose information or subsequent failure to conform to the Group's Vulnerable Persons Protection Procedures may result in disciplinary action and possible suspension or dismissal.

Signature	
Date	

RDA Group Use:	Date Application Received: _____
Is application approved or declined? (delete as applicable)	APPROVED / DECLINED
Is Approval Subject to Probation Period?	Y / N If Yes - Review Date: _____