VOLUNTEER APPLICATION FORM

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



This section must be complet	ed by the RDA Group, before the form is given to the volunteer			
RDA Group Name	Clwyd Special Riding Centre			
Charity Number	1118241			
Group Contact Name				
Contact Address to which the completed application form should be sent	Llanfynydd, Flintshire, LL11 5HN			
Contact Email Address	info@clwydspecialridingcentre.co.uk			
Contact Telephone Number	01352 770446			

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?			Preferred P	ronouns?	
Date of Birth		Sex	M / F / 3	identify in an	other way	/ Prefer not to say
If you are not fl	uent in English, which language	e/s do you use	on a daily b	asis?		
Address						
		Post	code			
Telephone		Mob	ile		·	
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 if you have any previous experience with equines.		
Places tell us about any experience valuntagying (working with nearly with disabilities (Physical disabilities		
Please tell us about any experience volunteering/working with people with disabilities. (Physical disabilities learning disabilities, Autism)	5,	
tearning disabilities; Addsiriy		

Page | 1 Updated June 2021

	other skills and profession			
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RT 3 – EMERGENCY CON				
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Page | 2 Updated June 2021

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.

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.

SIGNATURE	volunteer / parent / guardian / carer (please delete as appropriate)	DATE		
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	YES	NO	

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

Name	Relationship to Volunteer			
Address				
Address		Postcode		
Telephone		Mobile		

Please mark which days you are potentially available to volunteer at CRSC – a tick (\checkmark) for those days you are sure you are available; a question mark (?) if you 'may' be able to volunteer on that day. This is so we can match you to the most appropriate day.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9am to 12:30pm)							
Afternoon (1:30pm to 4:30pm)							
Early Evening (4:40pm to 8pm)							

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):

Page | 3 Updated June 2021