Crosby RDA

Volunteer Application Form

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| Charity Number | 1074270 | Website | [www.crosbyrda.com](http://www.crosbyrda.com) |
| Return form by email to: | Crosbyrda@gmail.com | Telephone | 07975-751880 |

This form is for people wishing to volunteer in RDA sessions including horse-care and helping our riders stay secure in the saddle. If you are interested in non-equine roles such as fundraising or administration please contact us using the details above.

You can type your signatures but we may ask for originals when we meet you for the first time.

We prefer forms to be completed and returned online. If you are unable to do this please let us know.

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| **Your Details** | | | |
| Full name | Click here to enter text. | | |
| Date of birth | Click here to enter a date. | | |
| Address and Postcode | Click here to enter text. | | |
| Email address | Click here to enter text. | | |
| Home telephone | Click here to enter text. | Mobile Number | Click here to enter text. |

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| **Emergency Contact Details** | | | |
| Full name | Click here to enter text. | | |
| Relationship to you | Click here to enter text. | | |
| Address and Postcode | Click here to enter text. | | |
| Email address | Click here to enter text. | | |
| Home telephone | Click here to enter text. | Mobile number | Click here to enter text. |
| 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 | | | |

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| **Specific information about you (please give as much detail as possible)** |
| Equine experience including riding and horse care |
| Click here to enter text. |
| Experience of volunteering and / or working with people with disabilities |
| Click here to enter text. |
| Other skills and professional qualifications relevant to the role |
| Click here to enter text. |
| Do you consider yourself to be disabled? |
| Choose an item. |
| 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). |
| Click here to enter text. |
| How did you find out about us? |
| Click here to enter text. |

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| **Please provide us with details of two referees. One of these should be someone who knows you in a professional or academic context if possible.** | | | | | | | | |
| Full name | Click here to enter text. | | |  | Full name | Click here to enter text. | | |
| Address | Click here to enter text. | | |  | Address | Click here to enter text. | | |
| Relationship to you | Click here to enter text. | | |  | Relationship to you | Click here to enter text. | | |
| Email | Click here to enter text. | Tel. | Click here to enter text. |  | Email | Click here to enter text. | Tel. | Click here to enter text. |

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| **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? | Choose an item. |
| If YES please provide details below | |
| Click here to enter text. | |
| Have you ever been subject to any disciplinary actions or sanctions relating to child abuse, sexual offences or violence? (please tick) | Choose an item. |
| If YES please provide details below | |
| Click here to enter text. | |
| **IMPORTANT: Please read**  I consent to an enhanced Disclosure and Barring Service Check (DBS) being made (if applicable), will abide by Group 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 and Procedures may result in possible disciplinary action.  As part of the checking procedures, you are advised that Crosby RDA 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.  N.B. It is the duty of all Crosby RDA personnel, coaches and volunteers to report any conviction involving children. | |

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

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| Signature |  | Date | Click here to enter a date. |
| If you are under 18 this form must also be signed by a parent or guardian below | | | |
| Signature |  | Date | Click here to enter a date. |

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| **Crosby RDA Office Use Only** | | | |
| Date received |  | Approved Y / N |  |
| References checked |  | DBS completed |  |
| Application review date (every 3 years) |  | Date input to spreadsheet |  |