

RDA VICTORIA ANNUAL VOLUNTEER APPLICATION FORM 2018

ST ANDREWS

(Expires 31 December 2018)

Copy to be retained by centre and original to be sent to State Office

1. PERSONAL DETAILS

Given name: Family name:

Address:

Suburb: Post code:

Please Circle M / F Date of Birth / / (Must be 12 years old or above)

Telephone: Mobile:

Email:

Would you like to stay up to date by receiving our newsletter? Yes No

2. NOMINATED EMERGENCY CONTACT IN CASE OF ACCIDENT

Name:

Telephone: or Mobile:

3. RDA CENTRE/S Additional centre Name:

4. YEARS OF SERVICE What year did you begin volunteering with RDA?

5. MEDICAL

Do you have a medical condition or take medication that we should be aware of for your safety?

Yes No

Details:

FOR NEW VOLUNTEERS ONLY

5. EXPERIENCE AND PREFERENCES (Please complete if you are a new volunteer)

Do you have any experience with horses? Yes No

Details:

Do you have any other qualifications or skills that would assist RDA? If yes please give details:

Roles you would like to perform:

Day(s) of the week you would like to volunteer:

6. REFERENCE CHECK must supply two personal or professional referees who are not family members:

Name: Telephone:

Name: Telephone:

RDA VICTORIA ANNUAL VOLUNTEER APPLICATION FORM 2018

CONSENT (Please read before signing below)

Confidentiality agreement

I agree to maintain confidentiality at all times, including all clients and volunteers information under the Privacy Act 1988.

General Membership

I wish to apply to become a General Member of RDA Victoria.

Medical consent:

I give consent for RDAV centre personnel to seek medical attention on my behalf should it become necessary during participation in any activity with RDA

Police check

I agree to a police check if necessary for the particular volunteer role I am undertaking.

Policies and Procedures

I agree to abide by the RDAV & RDAA Rules of Association, all Policies & Procedures and the **Volunteer Code of Practice** (pg. 10 & 11 of the Volunteer Information Booklet).

Training

I have received the Volunteer Information Pack along with a job description.

Reference Check

I agree for the references listed to be contacted by the centre to assess my suitability as a volunteer of RDA.

Media

I consent for the use of my/the applicant's photographs to be used for RDAV purposes

Yes No

Working with children (WWC)

(all volunteers aged 18yo and over must have a WWC including teachers and police officers)

I have applied and/or received a WWC with the nominated organisation being RDAV.

WWC No. _____ Expire Date:/...../.....

I, _____ being the Applicant / Parent / Guardian / Carer DO HEREBY DECLARE that of my own free will I am applying to volunteer in RDAV activities on behalf of the above named applicant, and that I have read and understood all of the above and hereby consent to the terms indicated.

Signed: _____ Date:/...../.....

*Applicants under the age of 18 require the **permission of their parent/guardian** to volunteer*

Signed: _____ Date:/...../.....

Please note:

- RDAV strongly recommends all volunteers are up to date with Tetanus immunisation; immunisation against Hepatitis B is also advised.
- All personal information collected by RDAV is treated as confidential and is protected by the Privacy Act 1988
- Copies of all Forms, Policy & Procedures are available from your Centre & RDAV Office.
- For more info about RDAV visit our website www.rdav.asn.au or contact us on 03 9258 4730