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 completed by the RDA Group, before the form is given to the volunteer	
RDA Group Name	Barrow Farm
Charity Number	1139280
Group Contact Name	Lucy Armstrong
Contact Address to which the completed application form should be sent	Metsons Lane, Highwood, Chelmsford, CM1 3QR
Contact Email Address	info@barrowfarmrda.org.uk
Contact Telephone Number	01277 822927

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/ nickname do you like to be known by?		**Preferred Pronouns?**	
Date of Birth		**Sex**	**M / F / I identify in another way / Prefer not to say**
If you are not fluent in English, which language/s do you use on a daily basis?			
Address			
		Postcode	
Telephone		**Mobile**	
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.
Please tell us about any experience volunteering/working with people with disabilities. (Physical disabilities, learning disabilities, Autism)

Please tell us about any other skills and professional qualifications you may have which may help us.
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.)

PART 3 – EMERGENCY CONTACT DETAILS

If you become a volunteer with us it's important we know who to contact in case you are injured or become ill while volunteering.

Full Name	
Relationship to you	
Telephone Number	

☐ 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.

4 REFERENCES

We request all volunteers provide two references to support their application. These people should not be related to you, should have known you for at least 2 years and should be someone you know in a professional capacity where possible.

It is our policy to take up all references.

Full Name	
Address	
Email	
Phone	

Full Name	
Address	
Email	
Phone	

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.

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 consent	**YES**	☐	**NO**	☐
SIGNATURE	..... **VOLUNTEER / PARENT / GUARDIAN / CARER** *(please delete as appropriate)*	**DATE**			

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

Name		**Relationship to Volunteer**	
Address			
		Postcode	
Telephone		**Mobile**	

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 years):