

APPLICATION FORM FOR A NEW VOLUNTEER AT A MEMBER GROUP

(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS)



To be completed by Group before being given to applicant	
GROUP NAME	Penniwells RDA Centre
CHARITY NO	1120263
CONTACT NAME	Mrs Trix Summerfield
ADDRESS	Edwarebury Lane, Elstree, Herts, WD6 3RG
EMAIL	penniwells.rda@btconnect.com
TEL NO	0208 953 4109

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	

3a REFERENCE

Last Name, First Name			
Address			
Email Address		Telephone No	
I am happy to recommend the applicant (whom I have known for years) as an RDA volunteer			
Signature		Date	

3b REFERENCE

Last Name, First Name			
Address			
Email Address		Telephone No	
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

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, coaches and volunteers to report any conviction involving children.

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 consent to an enhanced Disclosure and Barring Service check being made, will abide by Groups 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 Vulnerable Persons Protection Procedures may result in possible disciplinary action.

Signature		Date:	
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RDA Group Use:	Date Application Received: _____
Is application approved or declined? (delete as applicable)	<u>APPROVED / DECLINED</u>