

RDA VICTORIA ANNUAL VOLUNTEER APPLICATION FORM 2020

RDA Peninsula

(Expires 31 December 2020)

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 / Other 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 Name/s: _____

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

5. **MEDICAL** This section is to enable the organisation to meet responsibilities under the Occupational Health and Safety Act (2004) and Equal Opportunity Act (2010). Any issues you raise will be further discussed confidentially with you as part of risk management process.

Are there any circumstances regarding your health or capacity to work that may interfere with your ability to perform volunteer duties? This includes a chronic or acute health condition for which we may need to consider accommodation; first aid; or which limits your functional capacity and puts you at risk in some RDAV related situations.

Yes No

Do you have an existing or pre-existing injury /condition that could be affected by the nature of the volunteering role? This includes injuries / illnesses / conditions for which you are or are not currently receiving treatment.

Yes No

What adjustments do you feel you need to perform the genuine and reasonable requirements of the volunteer role at RDAV (if any)?

Details: _____

FOR NEW VOLUNTEERS ONLY

6. 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: _____

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

Name: _____ Telephone: _____

Name: _____ Telephone: _____

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8. CONSENT (Please read before signing below)

Confidentiality agreement

I agree to maintain confidentiality at all times, including all client and volunteer 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 when I am at and RDAV premise or event or 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) MUST COMPLETE

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

I have 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