

# Riding for the Disabled - Carine

## Volunteer Registration Form – 2022/2023 V8

New Registration OR  Renewal



### Section A - New Registrations & Renewals

Name: (please circle) Mr, Mrs, Miss, Ms

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone No: Home \_\_\_\_\_ Work: \_\_\_\_\_ Mob: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No: Home \_\_\_\_\_ Work: \_\_\_\_\_ Mob: \_\_\_\_\_

Are you an Australian Permanent Resident? YES / NO

Do you have any existing medical conditions or take medication of which we should be aware for your safety? YES / NO

If yes, please give details: \_\_\_\_\_

Do you have a current diagnosis or are receiving treatment for a mental health condition; substance addiction or personal issues that may jeopardise the role or safety of volunteers and/or clients? YES / NO

If yes, please give details: \_\_\_\_\_

Do you have any health conditions or special needs of which you would like us to be aware? YES / NO

If yes, please give details: \_\_\_\_\_

### Section B – COVID-19 Requirements

Whilst current West Australian State Government legislation states persons do not need to be vaccinated against COVID-19 to attend the workplace (as at January 2023), RDA Carine work with people who are often immunocompromised. This can be caused by various health conditions, medication, and treatments.

Due to this we ask you provide your vaccination status for our records:

- No Vaccinations  2 x COVID-19 Vaccinations  4+ x COVID-19 Vaccinations  
 1 x COVID-19 Vaccination  3 x COVID-19 Vaccinations

Please note that your status will be kept on record so we can risk mitigate any further legislation changes in the future.

### Section C - New Registrations Only

Are you able to demonstrate the minimum Volunteer Competency Criteria? YES / NO

How do you hear about volunteering with RDA? \_\_\_\_\_

New Volunteers are required to supply two personal referees that may be contacted by RDA:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Do you have specific skills or qualifications that might help your RDA Centre?**

- Working with people with disabilities
- Administration
- Promotion and fundraising
- Finance

- Social media & marketing
- Working with horses
- Gardening
- Other \_\_\_\_\_

- Building and Maintenance
- Catering
- Photography

**Preferred Days to help:** (please circle)

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      School Holidays

**Preferred Time to Help:** (please circle)      Morning      Afternoon

**Section C - New Registrations & Renewals**

**Have you completed a NDIS Worker Screening Check?** **YES / NO**

**Your Worker Screening ID is:** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**Do you have a current Working with Children Check?** **YES / NO**

**WWC WA Notice Number:** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

All RDA volunteers are required to hold either a current NDIS Worker Screening ID and/or Working with Children (and Vulnerable People) Check and update every 3 years. If you do not have a current WWCC, please discuss with your Centre Volunteer Coordinator (or equivalent).

**WA Police Check**

All volunteers, that do not have the NDIS Worker Screening Check, are required to grant permission for RDA Carine to carry out a police check via WA Police. The consent form will be provided to you throughout your trial process.

**Contact Permission** May we send you RDA newsletters & Volunteer communication by email? **YES / NO**

**Photo Permission**

I acknowledge and consent to photographs and other images being taken of me during my participation in RDA activities. I acknowledge that the photographs/images are owned by RDA. RDA may use the photographs/images for promotional or other purposes without my further consent being obtained. **YES / NO**

**Consent to Medical Attention**

I authorize the RDA Centre to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** RDA strongly recommends all volunteers to be up to date with Tetanus immunisations, COVID-19 vaccination and booster and immunisation against Hepatitis B is advised.

**Disclaimer:**

- I agree to abide by all policies, standard operating procedures, rights and responsibilities outlined in the RDA Volunteer Information Package, to abide by the constitutions and policies of my RDA Centre and RDA Australia.
- As a volunteer I recognise that my duties may include working with and around horses including horse riding activities. Participation in horse riding and horse related activities can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks of horse related activities. Riding activities will be supervised to the level of my abilities. I may also exercise my rights to decline opportunities to ride without prejudicing my involvement as a volunteer. I may also exercise my right to change my mind in this matter at any time.

I have read and agree to comply with the RDA Volunteer Code of Conduct [Click here](#) **YES / NO**

I have read and agree to comply with the RDA Carine Volunteer General Conditions of Service [Click here](#) **YES / NO**

I have read and agree to comply with the RDA Volunteer Policies & Procedures Handbook [Click here](#) **YES / NO**

I confirm completion and review of all RDA Carine documents were / are completed by me (applicant) without assistance **YES / NO**

As a member of this Centre, I accept that I am also a member of RDA Australia and are bound by their policies and procedures.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

## PRIVACY STATEMENT

Information acquired on this form is solely used to assess a volunteer's suitability to perform the various tasks involved with being an RDA volunteer & being able to contact that volunteer if the need arises. All information is kept secure & confidential and is not disclosed to third parties. The information obtained is not used for any other purpose than stated above. RDA does not sell, rent, lend or give away its volunteer, supporter or client list. RDA actively seeks to ensure that all personal information is protected from misuse, modification, disclosure or unauthorised access. Individuals may request to view any personal information held by RDA.

For further information regarding RDAA's Privacy Policy visit [www.rda.org.au](http://www.rda.org.au)

## RDA Volunteer Code of Conduct

1. Be ethical, fair and honest in all their dealings with other people and RDA.
2. Treat all persons with respect and courtesy and have proper regard for their dignity, rights and obligations.
3. Always place the safety and welfare of children and vulnerable adults above other considerations.
4. Comply with RDAA's constitution, rules and policies including the Volunteer Policy.
5. Operate within the rules and spirit of the organisation.
6. Comply with all relevant Australian laws (Federal and State) particularly COVID-19; antidiscrimination and child protection laws.
7. Be responsible and accountable for your conduct.
8. Make a commitment to providing quality service.
9. Not to use your involvement with RDA to promote your own beliefs, behaviors and practices where these are inconsistent with those of RDAA, a Member State or Territory or Affiliated Centre.
10. Demonstrate a high degree of individual responsibility when dealing with persons who are under 18 years of age or non-consenting adults with a disability, as your words and actions are an example.
11. Avoid unaccompanied and unobserved activities with persons who are under 18 years of age or vulnerable adults, wherever possible.
12. Refrain from any form of harassment of others.
13. Refrain from any behavior that may bring RDAA, A Member State or Territory or an Affiliated Centre into disrepute.
14. Show concern and caution towards others who may be sick or injured.
15. Be a positive role model.
16. Understand the repercussions if you breach, or are aware of any breaches of this code of conduct.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Riding for the Disabled Carine**  
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