



Riding for the Disabled Association of Western Australia – Carine Group Incorporated

Committee Expression of Interest

Name:

Email:

Mobile #:

Address:

Skills, experience, knowledge:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Disability sector | <input type="checkbox"/> Equestrian | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Board management | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Secretariat | <input type="checkbox"/> Finance | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Governance | <input type="checkbox"/> Business Management |

Position interested In:

- | | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice-President | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Committee Member | |

Have you received a minimum 3 x of your COVID-19 Vaccinations? 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 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 criminal offences of which you would like us to be aware? YES / NO

If yes, please give details:

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

If yes, please give details:

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 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.

Reason for applying for the RDA Carine Committee?

Interested parties are encouraged to complete and return the form to admin@rdacarine.org.au along with your current resume.