

			□ New Registration	OR   Renewal
1.	VOLUNTEER PERSONAL DET			
	TITLE: (Mr, Mrs, Ms, Miss, Other) FULL NAME:			
	ADDRESS:			
	CITY:	STATE: _	POSTCOD	E:
	PHONE:	EMAIL: _		
	MALE - FEMALE - OTHE	R DATE C	)F BIRTH:/	
	DO YOU IDENTIFY AS: ABORIGINAL   TORRES STRAIT ISLANDER			
2.	EMERGENCY CONTACT			
	NAME:		RELATIONSHIP:	
	ADDRESS:			
	PHONE: WORK:	HOME:	MOBILE: _	
3. l	MEDICAL INFORMATION			
an	you have any existing medical d/or the safety of the Participant res, please give details:		tion of which we should be YES / NO	-
of	you have any additional or spothe Participants? res, please give details:	ecial needs of which we sl	hould be aware for your sa YES / NO	
4.	NEW VOLUNTEER REFEREES			
Th (a) (b) (c)	w volunteers are required to supe selected referees must:  Be able to provide information re  Have known the volunteer for at  Not be related to the volunteer;  Be able to vouch for the volunteer	lating to the volunteer's suitaleast 12 months;	ability to work with children a	
Na	me:	Phone No:	Relationship: _	
Na	me:	Phone No:	Relationship: _	
5. \	WORKING WITH CHILDREN/VUI	NERABLE PEOPLE CHEC	K/REGISTRATION (OR EQ	UIVALENT
Cert	ificate/Registration Number:	Date o	f Issue Date o	f Expiry
If you	DA volunteers are required to hold a u do not have a current check/registic your check/registration/clearance d	ation/clearance, you must obt	ain it prior to beginning volunte	eering with RDA. You mus



#### 6. PHOTOGRAPHY & VIDEOGRAPHY CONSENT

I acknowledge that I am over 18yrs or am a parent/legal guardian of a volunteer under the age of 18yrs and consent to photographs, videos and other images being taken of me/them during or in any way associated with my/their participation in RDA activities. I acknowledge that the photographs, videos and/or images are owned by RDA. RDA may use the photographs, videos and/or images for promotional, training and/or other purposes.

YES / NO

### **Risk Warning & Acknowledgment**

#### Description of Activities1:

The Public Liability policy provides cover for the following listed activities. Horse riding and related activities officially sanctioned and under the control of an insured RDA centre including but not limited to: • Horse riding • Venue property owner/occupier • Vaulting, Carriage Driving, Rides • Displays, Exhibitions, Performances • Competitions • Governance, administrative or social activities including social club operating, Food and Beverage Canteen Operators • Fundraising • Maintenance of horse riding venues • Carer of Horses • Risk Management administration • Membership services coordination including website and social media management and administration • Rules and Regulations provider • Distribution of newsletters and brochures • Developers and Promoters of horse riding activities for the disabled • Course education providers • Coaching, Teaching and Instruction of RDA activities

As a Volunteer I acknowledge, agree and understand 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 do happen.
- By my participation in any Activities arranged by RDA, certain risks or dangers may be present which could result in:
  - Physical, bodily or psychological injury or death.
  - Physical exertion to which I am not accustomed.
  - Failure of equipment
  - o There being no or inadequate facilities for treatment or transport to treatment if I am injured.
  - o The conditions in which the activities are conducted varying without warning.
  - My causing injury to other persons and/or other persons causing injury to me.
- The Activities are being undertaken for the purposes of recreation, enjoyment or leisure, and involve a degree of risk of physical harm.
- The Activities may be undertaken with one or more other persons as part of a group and that RDA is not liable for the actions of other participants in the group activity.

<sup>&</sup>lt;sup>1</sup> RDA includes its officers, employees, members, agents, contractors, coaches and centre committees and assigns RDA.

2 Activities includes all activities and services ancillary to or associated with the named Activity, both before and after the Activity, including transportation to and from the location of the Activity whether provided by RDA or not, briefings, inductions, training, and the provision of information in all manuals, safety guidelines and other documentation provided to or made available to the Participant with respect to the Activity, familarisation with clothing or equipment and methods of operation of equipment and the wearing and removal of any clothing or equipment associated with the Activity. Unless otherwise specified, a reference to an Activity is a reference to a recreational service or a recreational activity as defined in relevant legislation referred to herein.



- There are risks associated with the Activities and/or recreational services and I undertake any such risk voluntarily and at my own risk.
- Riding activities will be supervised to the level of my abilities however I may exercise my right 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.
- All information relating to RDA Participants is confidential and I cannot disclose such information to anyone other than as required to provide and/or participate in the RDA Activities.

### **Volunteer's Warranties**

I agree to and warrant that I will:

- abide by all of RDA's rules including but not limited to the child safeguarding rules, policies, standard operating and safe
  work procedures, the Volunteer Information Package and Code of Conduct, Constitutions and any direction or instruction
  given to me by RDA during the course of the Activities.
- use and/or wear any equipment given to or required to be worn by me by RDA.
- not engage in any reckless, negligent or foolish behaviour or any other behaviour that is likely to cause injury to me, any other participant or person.

I declare and warrant that I am medically and physically fit and able to participate in the Activities. I acknowledge that I must, and warrant that I will, disclose any pre-existing medical or other condition, injury or concern that may affect the risk that either I or any other person will suffer injury, loss or damage during the course of the Activities and notify RDA of any injuries, illness or concerns that may arise during the Activity.

I agree that if I suffer any injury or illness, RDA may provide evacuation, first aid, ambulance and/or medical treatment at my expense and that my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid, ambulance and/or medical treatment and agreement to bear any cost thereof.

I warrant that I will not consume any alcohol or mind-altering substance, or medication that may impact my judgement or physical capacity, before or at the time of engaging in the Activities.

**PLEASE NOTE:** RDA strongly recommends all volunteers to be up to date with Tetanus immunisations, COVID-19 vaccination and boosters and immunisation against Hepatitis B is advised. COVID-19 vaccination and boosters may be mandatory in your State or Territory (contact your Centre or State Office for details).

### Waiver/Exclusion of liability

I agree to and unconditionally release, waive, discharge and forever hold harmless, RDA or any of its employees, agents, directors or officers, from any claims as a result of any personal injury sustained, whether caused by RDA's negligent act or wilful act or omission, breach of contract, breach of statutory duty, error, or otherwise in connection with or arising out of the Activities.

I agree that RDA will not be liable for any claims for personal injury that may be brought against it as a result of or in connection with any act, omission, default, failure or error on the part of RDA, and agree to indemnify and keep indemnified RDA in respect of any such claims.

It is possible for a supplier of recreational services to ask you to agree that the statutory guarantees under the *Australian Consumer Law* (which is schedule 2 to the *Competition and Consumer Act 2010* (Cth)) do not apply to you. If you sign this form, you will be agreeing that your rights (or the rights of a person for whom or on whose behalf you are acquiring the services) to sue RDA in relation to RDA's services or the activities that you undertake because the services or activities provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.



By signing this form, you agree that the liability of RDA in relation to the activities (as defined by the *Competition and Consumer Act 2010* (Cth), and the *Australian Consumer Law*) and recreational activities (as defined by the *Civil Liability Acts and legislation relevant to your State or Territory*) for any:

- (a) Deaths;
- (b) Physical or mental injuries (including the aggravation, acceleration or recurrence of such an injury);
- (c) The contraction, aggravation or acceleration of a disease;
- (d) The coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs in relation to an individual:
  - (i) That is or may be harmful or disadvantageous to you or the community; or
  - (ii) That may result in harm or disadvantage to you or community;

that may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of the recreational services or recreational activities is excluded.

### **Declaration and Signature**

Signature of Witness

I have read carefully and understood this Volunteer Registration Form including the Risk Warning & Acknowledgement, Volunteer's Warranties and Waiver/Exclusion of Liability and sign it freely and voluntarily without inducement of any kind. [ ] I have read and understood the Privacy Collection Notice.(see page 5 of this document) Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Witness Date: For Volunteers under age 18 This is to certify that I, as a parent/guardian with legal responsibility for the Volunteer, acknowledge, understand and accept all of the above and consent to his/her release as provided above. I release and agree to indemnify and hold harmless RDA from any and all liabilities arising from my minor child's involvement or participation in the Activities and/or recreational services, even if arising from the negligence of RDA. [ ] I have read and understood the Privacy Collection Notice.(see page 5 of this document) Date: Signature of Legal Guardian: Name (Print):

Date:



#### PRIVACY COLLECTION NOTICE

Riding for the Disabled Association of Australia Limited ABN 99 116 408 587, its Member States and Associate Members, and their respective RDA Centres ("RDAA") collect your personal information for the following purposes:

- to assess your application to register as a participant, coach, volunteer, member and/or director with RDAA;
- to provide you with any required assistance, training and, if applicable, accreditation to perform your role within RDAA;
- to keep you up-to-date about RDAA activities, policies and procedures;
- to provide you with the information or services that you have requested;
- to identify risk and deliver the best support and service for your needs;
- to administer our directors, membership, participants, coaches and volunteers and/or resolve any queries or complaints:
- · to report to government, funding bodies and as required by law;
- subject to your express permission, for promotion and marketing; and
- to identify risk and implement appropriate controls to prevent or manage COVID-19 or such other communicable diseases as recommended by the relevant government authorities in RDA Centres and other RDAA workplaces.

This Collection Notice applies to personal and sensitive information, such as health information, information, that RDAA collects via phone, hardcopy and electronic formats throughout the application, registration and accreditation process and during your time with RDAA and/or at any RDA Centre. RDAA takes all reasonable steps to protect personal information held in its possession against loss, unauthorised access, use, modification, disclosure or misuse.

If you do not provide us with the requested information, we may not be able to process or assess your application for registration and/or accreditation, assist you with your specific enquiry or request, or provide our services to you. We may share your personal information with third parties in order to conduct our business and deliver our services, including but not limited to, those contracted to and/or involved in providing, managing or administering our services, health referral organisations, medical and health professions, hospitals, our professional advisors, government departments, regulators, your family members or carers, Enduring Power of Attorney and/or substitute decision-makers and other relevant bodies when required and authorised to do so by law. RDAA may also disclose your personal information to third parties with your consent and/or in emergency situations if it is reasonably necessary.

Our privacy policy (available at <a href="https://www.rda.org.au/privacy-statement/">https://www.rda.org.au/privacy-statement/</a>) includes our contact details, explains more about the types of personal information we usually collect and how we handle your personal information, as well as how you can seek access to and correction of your personal information, how to make a privacy complaint and how we deal with these complaints.



### **RDA Brigadoon Appendix**

#### 1. SKILLS & AVAILABILITY

Do you have any specific skills or qualifications that may help us at RDA Brigadoon? Eg: Working with people with disabilities, maintenance, working with horses.

If yes, please give details:

What days are you available to help? Please circle.

Tuesday - AM

Wednesday - AM or PM or All Day

Thursday - PM

Friday - AM or PM or All Day

Saturday - AM

### 2. POLICE CLEARANCE

Do we have a copy of your Police Clearance? (Only applies if you are over 18 years of age)

YES / NO

If "no" please pay \$18 to the following bank account & we will organise the application for you with WA Police.

Account: RDA Brigadoon

BSB: 036-087

Account Number: 384856

#### 3. BRIGADOON VOLUNTEERS HANDBOOK

I acknowledge that I have received, have read and will comply with the RDA Brigadoon Volunteers Handbook. YES / NO

### 4. BRIGADOON VOLUNTEERS HANDBOOK

I acknowledge that I will have a 3 month probation period. YES / NO



#### 5. BRIGADOON CODE OF CONDUCT

- Be ethical, fair and honest in all their dealings with other people & RDA.
- Treat all persons with respect and courtesy and have proper regard for their dignity, rights and obligations.
- Always place the safety and welfare of children and the vulnerable adults above other considerations.
- Comply with RDAA's constitution, rules and policies including the Volunteer Policy. Operate within the rules and spirit
  of the organisation.
- Comply with all relevant Australian laws (Federal & State) particularly COVID 19; antidiscrimination and child protection laws.
- Be responsible and accountable for your conduct.
- Make a commitment to providing quality service.
- Not to use your involvement with RDA to promote your own beliefs, behaviours and practices where they are inconsistent with those of RDAA, a Member, State or Territory or Affiliated Centre.
- 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.
- Avoid unaccompanied and unobserved activities with persons who are under 18 years of age or vulnerable adults, wherever possible.
- Refrain from any form of harassment of others.
- Refrain from any behaviour that may bring RDAA, A Member, State or Territory or and Affiliated Centre into disrepute.
- Show concern and caution towards others who maybe sick or injured.
- Be a positive role model.
- Understand the repercussions if you breach or are aware of any breaches of this code of conduct.

I acknowledge that I have read and agree to comply with the RDA Volunteer Code of Conduct

YES / NO