



**Volunteer Contract/Application Form**

**Group Riding for the Disabled Association**

(To safeguard Riders and Volunteers please sign this statement and provide two references from non-family Members)

Name: \_\_\_\_\_ Contact Ph/Fax: \_\_\_\_\_  
Mr/Mrs/Ms \_\_\_\_\_ A/H: \_\_\_\_\_  
E.mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in becoming a Volunteer with \_\_\_\_\_ Group RDA.  
I understand that this is not paid employment. I understand also that Riders who come to RDA can be especially vulnerable to harm.

I do not know of any reason why I would not be accepted by RDA as a Volunteer. \_\_\_\_\_  
(Volunteer's signature)

Hours available \_\_\_\_\_ on \_\_\_\_\_ day/days

How often \_\_\_\_\_ Total hours commitment \_\_\_\_\_

Summary of agreement / involvement / non-involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referee 1: \_\_\_\_\_ Referee 2: \_\_\_\_\_  
Ph: \_\_\_\_\_ Ph: \_\_\_\_\_

**Consent under the New Zealand Privacy Act 1993.**

I \_\_\_\_\_ (name) CONSENT to RDA collecting and using the information I have supplied only for the purpose of helping RDA Riders supported by this RDA Group. I UNDERSTAND THAT my information will be kept by this Group's Privacy Officer or Head Instructor, remains open to review at the request of either party, and will be returned to me when no longer relevant.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Volunteer) (RDA Group Representative / Privacy Officer)

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

Reviewed: \_\_\_\_\_

CONFIDENTIALITY: Due to the Privacy Act and courtesy to our Riders, any personal information gained about Riders through Riding for the Disabled will remain confidential. I AGREE NOT TO DISCUSS Riders names, diagnosis, bizarre or unusual behaviour, with anyone outside the programme, or with another programme Member in a public place where I may be overheard. I understand the necessity for preserving Riders' privacy and anonymity, and I WILL ABIDE BY THIS AGREEMENT.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Releases**

I consent to have taken, still or moving photographs and films of me while assisting with Riders including television and video for \_\_\_\_\_ Group RDA. Further, I understand that my consent includes NZRDA, its advertising agencies, or news media or other persons as approved by NZRDA to use and reproduce any photograph, film or picture for purposes of national publicity or display, newspaper, television, literature, instructional/clinical material or media.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Safety Procedures**

I understand that riding will be under the New Zealand Riding for the Disabled Association guidelines of careful supervision with adherence to New Zealand Riding for the Disabled Association Safety Standards. I have sighted and understood the guidelines as outlined in the NZRDA Health and Safety Manual. I understand that no liability can be accepted by any of the organisations concerned in the event of an accident.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_