



Riding for the Disabled Association SA Inc.

VOLUNTEER REGISTRATION 2023

NEW REGISTRATION RENEWAL RDA CENTRE:

Name: Mr/Ms/Miss/Mrs _____ Date of Birth: _____

Address (postal): _____
_____ Postcode: _____

Phone No: (home) _____ (mobile) _____

Email: _____

EMERGENCY CONTACT:

Name: Relationship: Phone:

* Volunteering with RDASA requires **NDIS Worker & DHS Child Screenings (Please speak to your Centre.)**

WWCC Ref No: **Date of Release**/...../.....

NDIS Worker Screening Ref No: **Date of Release**/...../.....

NDIS Worker Orientation: Date of Attainment/...../.....

DO YOU HAVE ANY SKILLS OR QUALIFICATIONS THAT MIGHT HELP YOUR RDA CENTRE?

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Working with people with disabilities | <input type="checkbox"/> Finance | <input type="checkbox"/> Promotion & Fundraising | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Working with horses | <input type="checkbox"/> Business | <input type="checkbox"/> Building & maintenance | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Pasture management | <input type="checkbox"/> Administration | <input type="checkbox"/> Photography | <input type="checkbox"/> Other |

WHEN ARE YOU AVAILABLE TO ATTEND YOUR LOCAL RDA CENTRE:

Mon: am/pm Tues: am/pm Wed: am/pm Thurs: am/pm Fri: am/pm Sat: am/pm Sun: am/pm

Do you have an existing medical condition or take medication which could affect your safety? **YES / NO**

If **YES**, please state the condition/medication and **attach a Health Care Plan** developed in consultation with your medical practitioner so that we can provide appropriate medical assistance if needed:

Do you have any special needs of which you would like us to be aware?

Consent to Medical Attention

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

Date: _____ Signature: _____

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.

If you may tow an RDA SA float / trailer or drive a vehicle, please complete Driver's Licence details.

Driver's Licence No: Class: Driver's Licence Expiry Date:

Covid-19 Vaccination Status: (compulsory question to maintain our NDIS accreditation)

I Have received: 1 Dose 2 Doses +Booster

I have an exemption

Infection Control: (for NDIS audit purposes)

Do you work / volunteer with another organisation? YES NO

If Yes, Name of other organisation:

Disclaimer: In signing this registration form I understand the following:

- I have read and agree to the Volunteer Code of Practice (***see overleaf & Volunteer Information Booklet***)
- I have read and understand the RDA SA Privacy Statement (***see overleaf & Volunteer Information Booklet***)
- As a volunteer I recognise that I may be invited to participate in horse related activities. I am aware that horse riding activities can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or being killed.

I have voluntarily read and understood this warning and accept and assume the inherent risks in horse related activities. Riding activities will be supervised to the level of my abilities. I may also exercise my right to decline any 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 (**see overleaf**).

- I agree to abide by all policies, standard operating procedures, rights and responsibilities outlined in the Volunteer Information Booklet, to abide by the constitutions and policies of my RA centre and RDA Australia.
- I agree to allow RDA SA to sight my DHS children's clearance certificate prior to my acceptance as a volunteer and to provide RDA SA with updated versions as necessary. *(It is State legislation for volunteers to hold a DHS Clearance to work with children and/or vulnerable adults, including the aged and those with disabilities)*
- I commit to abiding by the RDA SA Code of Conduct and Confidentiality requirements
- I commit to being present on the days and at the times agreed with the local committee representative
- I have been provided with the RDA SA policy for resolving grievances and disputes.
- RDA SA urges all volunteers be up to date with tetanus and Covid-19 immunisations. Hepatitis B immunisation is also advisable.
- I acknowledge I am required to show evidence of completing the NDIS New Worker Module within 1 month of starting to enable my participation within RDASA.

Signature: **Date:**

APPLICANTS UNDER THE AGE OF 18 REQUIRE THE PERMISSION OF THEIR PARENT/GUARDIAN TO VOLUNTEER.

Signature: (parent/guardian) **Date:**

RDA PRIVACY STATEMENT

Information acquired on this form is used solely to assess the applicants' suitability to perform the various tasks involved with being a RDA volunteer, insurance requirements and being able to contact that volunteer if the need arises.

All personal information is kept secure and confidential and is not disclosed to third parties.

Statistical information is released to the South Australian government for reporting purposes only. No information is used for any purpose other than stated above. RDA does not sell, rent, lend or give away its volunteer client or membership lists. RDA actively strives to ensure that all personal information is protected from misuse, including unauthorised disclosure, modification or access. Individuals may request to view any personal information held by RDA.

CODE OF PRACTICE – RIGHTS & RESPONSIBILITIES GOVERNING VOLUNTEERS INVOLVED with RDA

To enhance volunteers' experience and comply with current legislation and duty of care RDA will, as appropriate:

- Manage volunteer interactions in accordance with anti-discrimination and equal opportunity legislation;
- Provide volunteers with induction, orientation and training opportunities;
- Provide volunteers with a healthy and safe workplace in accordance with current requirements;
- Provide appropriate insurance coverage for volunteers;
- Define volunteer roles and develop clear job descriptions;
- Provide appropriate levels of support and management for volunteers;
- Provide volunteers with access to a RDA Volunteer Handbook and to all related RDA volunteer policies;
- Provide volunteers information on grievances, rights, responsibilities and disciplinary policies & procedures;
- Acknowledge the rights of volunteers;
- Reimburse out of pocket expenses incurred by volunteers on behalf of RDA *providing prior approval has been given* by the relevant RDA Centre committee;
- Provide volunteers with accurate and truthful information about RDA;
- Deal with volunteers' confidential and personal information in accordance with the National Privacy Act 2001;
- Acknowledge that the relationship between RDA and volunteers is reciprocal in nature;
- Acknowledge that volunteers are of equal status and deserve the same treatment as paid employees, and that RDA can expect the same standards of its volunteers as it expects of its paid employees;
- Ensure that volunteers only work in the area/s of their choice.

Volunteers will:

- Carry out the work they have agreed to do responsibly and ethically.
- Notify the organisation as soon as possible of absences.
- Adhere to policies and procedures.

CENTRE AND STATE OFFICE USE ONLY:

- | | |
|--|--|
| <input type="checkbox"/> Centre volunteer records updated | <input type="checkbox"/> Grievance Policy given to volunteer |
| <input type="checkbox"/> Copy of registration sent to RDA State Office | |

Hygiene

- If you feel unwell stay at home.
- Cover your mouth with a tissue or elbow when coughing or sneezing and dispose of the tissue immediately in the bin.
- Avoid touching your eyes, nose and mouth.
- Wash your hands regularly with soap and water or sanitizer if not available.
- Cover open wounds with a dressing



Hand Washing

Hands spread 80% of common infectious diseases!

- Wet your hands
- Add soap
- Rub your hands for at least 20 seconds including front, back and between your fingers.
- Rinse your hands in water
- Dry your hands with disposable paper or air dryer.



Biosecurity

The aim of biosecurity is to address the management of infectious diseases at centre level, each centre may have slightly different procedures however the principles should remain the same. The outcome is to minimise areas of cross infection between volunteers and limit traffic where possible at our centres during a pandemic situation.

Biosecurity is not just relevant to humans but animals and their environment (pastures)

- Use a disinfectant or an antibacterial cleanser for cleaning
- Wipe down frequently touched surfaces.
- Do not share equipment. Where this is not possible the equipment should be cleaned between each use by a different source.
- Isolate the possible source of infection and reduce the amount of traffic / contact.

During Pandemics or High risk scenarios

- Disposable gloves may need to be used. Ensure they are disposed of immediately.
- Clothes and shoes may need to be cleaned / changed between entering / exiting the premises or different contacts.
- Have a plan and know who to contact in an emergency.

Additional Training and resources:

- [COVID-19 infection control training | Australian Government Department of Health](#)
- RDASA Biosecurity Management plan