

RIDING FOR THE DISABLED ASSOCIATION OF SINGAPORE VOLUNTEER INFORMATION FORM

Name: Mr/ Mrs/ Mdm/ Ms/ Miss/ Dr (Please underline your family or surname)

NRIC/ FIN no.:

Nationality:

Date of Birth:

Gender: M F

Telephone (Home):

Emergency Contact: Name:

Contact No:

Mobile Phone:

Address:

Postal Code:

Email Address:

Occupation:

Are you a member of RDA Singapore?: Yes No (Be a member of RDA Singapore. Your membership subscription will help us in our daily operations.)

Are you able to volunteer for our riding sessions? Yes No

If Yes, are you able to commit for 10 weeks (One Riding Therapy Term) Yes No

Your available timeslots (you may tick more than one):

Morning 9.00AM Monday Tuesday Wednesday Thursday Friday Saturday

Afternoon 3.30PM Monday Tuesday Wednesday Friday **4.00PM** Thursday **7.15PM** Thursday

Afternoon 2.00PM Saturday **3.00PM** Saturday

Knowledge and Experience

Administration Photography Design Working with people with disabilities

Working with horses *Please list your level of experience or knowledge:* _____

What other activity can you help with?

General Maintenance Stable work Admin Flag Day Race Day RDA Ball Newsletter

IT/ Database Website Design Other Fund-raising Outreach/ Public Presentation

Others *Please specify:* _____

How did you find out about RDA Singapore?

RDA Facebook RDA Website Search Engine News/ Media Report Friend/ Word-of-mouth

Others *Please specify:* _____

Declaration

I _____, as a volunteer of Riding for the Disabled Association of Singapore (RDA Singapore) agrees to treat all clients and VWO information as confidential (including pictures and videos of clients or events, etc.) and will not collect, use, or disclose them (i.e. on social media) without the permission of RDA Singapore. Please note that RDA Singapore may take your photos or video during the volunteering session and or RDA events for publicity purposes.

I fully understand and agree that the personal information which I have provided may be disclosed to relevant government agencies for accounting or service management purposes. I trust that the information will strictly be used for the purpose stated.

I agree for RDA Singapore to contact me for any other purposes related to the services RDA Singapore is providing, any upcoming RDA Singapore's events or activities and events or activities organised by partners to benefit RDA Singapore.

Other Information: (tick as appropriate):

Do you presently suffer or have you ever suffered from any medical condition, physical impairment or disease including mental illness, deafness, handicap or under any medication, etc? Yes No If yes, please specify: _____

Have you ever been convicted in a court of law in any country or investigated by the police or government (other than traffic violations or misdemeanors)? Yes No If yes, please specify: _____

Signature: _____ Date: _____



RIDING FOR THE DISABLED ASSOCIATION OF SINGAPORE

WAIVER FORM

(Please complete this and the Volunteer Information Form if you wish to volunteer with us.)

I, _____, acknowledge and understand that all equine activities involve risk, therefore, if I and/or members of my family participate as instructor, volunteer or helper in tuition in any activity whatsoever operated or sponsored by the Riding for the Disabled Association (Singapore) (hereinafter referred to as "RDA"), including but not limited to horse riding, leading and side-walking with persons with disabilities, I/they will do so entirely at my/their own risk.

I agree that RDA, its Committees, any Riding Instructor giving lessons or any helper assisting in connection with any lessons at any premises used by RDA, or any other servants or agents of RDA (all of the above entities and persons hereinafter referred to as "RDA agents") shall be exempt from all liability whatsoever for any injuries or damages I and/or my family members may sustain, whether to person, property or effects, however caused, which may arise from my/their participation in any activities sponsored by RDA, including but not limited to participation in horse riding, leading, side-walking and any acts done incidental to the giving of lessons, or my/their attendance or presence at or about any premises used by RDA. I hereby waive all claims for any injuries or damages I/they may have, either now or which may arise in the future, in connection with or arising out of the foregoing activities which I/they may have against RDA or any RDA agent.

In addition to the foregoing waivers, I agree that RDA and its agents shall be free and exempt from all liability for any injuries or damages I and/or my family members may sustain, even if those injuries or damages are caused by any default or negligence of RDA, its Committees, any instructor, helper, invitee, licensee, servant or agent of any kind of RDA for whom RDA may be responsible. I further agree that RDA and its agents also shall be free and exempt from all liability for any injuries or damages I/they may sustain arising out of or connected with the state of any machines, buildings, or apparatus used during any RDA activities, or out of the state of the place at which lessons are given, or due to the instability, behaviour or action of any horse or pony used in RDA activities, or due to any other cause whatsoever.

I have read and fully understand this Form, and have received a copy for my records.

SIGNATURE

Date

Note: Consent of a parent or guardian is required for volunteers, students or participants under 21 years of age.

I agree that my child is above the age of 16 and under the age of 21 may take part in all RDA activities, and that the above Waiver Form applies to my child in its entirety.

Name of Child

School

Signature of Parent/Guardian

Date

FOR OFFICIAL USE

Input By: _____ Date: _____

