

NEW / RETURNING VOLUNTEER ENQUIRY FORM

First Name: _____ Last Name: _____

Phone: _____ Email: _____

- Do you hold a current Working with Children Check? Yes No
- Do you hold a NDIS Worker Screening Card? Yes No
- Can you make a minimum 6- month commitment to volunteering? Yes No
- Can you commit to 4-hour regular rostered shifts **each week**? Yes No
- Can you work independently and without a support person? Yes No
- Can you attend regular compulsory induction & training? Yes No
- Do you have disability training or experience? Yes No
- Do you have horse related experience? Yes No
- COVID 19 Vaccination Yes No
- Do you have any medical conditions/physical limitations? Yes No
- IF yes please specify:

What area of volunteering at APRDA are you most interested in? (Tick your preferences)

- Horse Leading Side Walking Yard / Paddock Work Office Support Maintenance
Fundraising Sewing Rugs Tack Checking / Cleaning Marketing/ social media

Do you have other skills you could bring?

What skills would you like to develop?

Class observation is mandatory prior to completing orientation/induction, please advise of a suitable day/time for you to visit the centre to observe a class?

We suggest that prior to signing up to volunteer with our organisation, you consider your ability to regularly commit to this important role. For our coaches to provide services safely and continuously to our participants it's essential that new volunteers regularly attend to gain the knowledge and experience needed to work alongside our horses and participants. Orientation/ induction fee is \$25.00 and payable when booking online.

All new volunteers **MUST** complete, orientation, induction, and training prior to commencing any regular volunteering.

Signed: _____ Date: _____

Please complete this form and return to our office via email
reception@arundelparkrda.com.au
 Site Address: 387 Brisbane Road Coombabah 4216 QLD

OFFICE USE ONLY

Name:

- Volunteer Application Form Completed
- Orientation booked Date: Time: Staff:
- Induction booked Date: Time: Staff:
- Class Observation Date: Time: Staff:
- Blue Card Number: Exp:
- NDIS Workers Screen Number: Exp:
- NDIS Module Certificate
- Date Commenced Volunteering:
- Date Ceased Volunteering:
- Exit Form & Blue Card Delinked

Correspondence record

| <u>Date</u> | <u>Phone/Email</u> | <u>Details</u> |
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