# Volunteer Registration Form

**Riding Establishment:**

**Part 1: Personal details**

| | |
|---|---|
| Title | |
| First Name | |
| Surname | |
| Date of Birth (if under 18) | |
| Address | |
| Address | |
| Address | |
| City | |
| Postal Code | |
| Daytime phone number | |
| Email | |
| Emergency Contact Name | |
| Relationship to Emergency Contact | |
| Emergency Contact Phone Number | |

**Part 2: About you**

Which volunteer role are you interested in?

**Background and interests**

Please give us some brief details about your background, interests and relevant experience and qualifications, including any experience of working with horses and previous volunteering roles.

Why are you interested in volunteering with us?

**Availability**

Please tell us which days you would like to volunteer, how much time you are able to commit and when you are available to start.

**Declaration**

**Do you have any unspent criminal convictions or is there any action pending against you?** If you have ticked yes, write details on a separate sheet and attach to this form. Having a conviction will not necessarily stop you from volunteering, but it will need to be taken into consideration when assessing your suitability.

Yes ☐

No ☐

**Do you have a disability or specific need for which special arrangements or adjustments are needed for the role?** All information is strictly confidential. If yes, we may contact you in confidence to discuss your requirements.

Yes ☐

No ☐

Please confirm by checking the box: I agree that the information I have given is, to the best of my knowledge and belief, true and complete.

Signature

Please enter today's date

**References**

Reference checks are a standard part of our volunteer selection process. Please provide the name and contact details of two people who are not family members and who are willing to act as referees for your chosen voluntary role. We will make reference checks either by post, telephone or email. We will ask your referees to confirm your suitability to work with children, young persons or adults-at-risk where the volunteer role requires this.

**Referee 1**

| | |
|---|---|
| Title | |
| First Name | |
| Surname | |
| Date of Birth (if under 18) | |
| Address | |
| Address | |
| Address | |
| City | |
| Postal Code | |
| Daytime phone number | |
| Email | |

**Referee 2**

| | |
|---|---|
| Title | |
| First Name | |
| Surname | |
| Date of Birth (if under 18) | |
| Address | |
| Address | |
| Address | |
| City | |
| Postal Code | |
| Daytime phone number | |
| Email | |

**Data Protection:** The information that you have provided is required to administer your interest in volunteering with us. We hold this data securely in line with the requirements of the Data Protection Act 1998.