

Totara Park Riding for the Disabled

Association Inc.
(Affiliated to N.Z.R.D.A)

VOLUNTEER DETAILS

Volunteer's Name: Mr / Mrs / Miss / Ms
(capital letters please)

Mailing Address:

Email Address:

Home No: Work No: Mobile No:

Contact (in emergency):

Contact No(s): Relationship:

Previous Experience:
Interests/Preferences:
Reasons which would limit my Participation:

I give/do not give (delete) permission for the Totara Park RDA Group to take or have taken, still or moving photographs and films to of me, including television and video, for local publicity purposes.
I agree/do not agree (delete) to my name being used in publicity.
I understand that separate consent may be sought by NZRDA, its advertising agencies, or news media, or other persons interested in RDA and its work, to use and reproduce any photograph, film or picture for purposes of national publicity or display, in newspaper, television, literature, instructional/clinical material or other media.

I am interested in becoming a Volunteer with the Totara Park Riding for the Disabled. I understand that this is not paid employment.

I have received the Totara Park Riding for the Disabled's Guidelines for Leaders and Sidewalkers, containing important Safety Rules. I understand that no liability can be accepted by any of the Organisations concerned in the event of any accident occurring.

I do not know of any reason why I would not be accepted by the Totara Park Riding for the Disabled as a Volunteer.

CONFIDENTIALITY: Due to the Privacy Act and courtesy to our Riders, any personal information gained about Riders through the Totara Park Riding for the Disabled will remain confidential. I agree not to discuss the named Riders with anyone outside the Programme or with another Programme Member in a public place where I may be overheard.

Signed: Date:

Return to: The Secretary, TPRDA, PO Box 58833, Greenmount, Manukau 2141