

Avon Riding Centre for the Disabled Limited  
 Kings Weston Road, Henbury, Bristol, BS10 7QT  
 Telephone: 0117 959 0266  
 Email: [volunteer@avonridingcentre.org.uk](mailto:volunteer@avonridingcentre.org.uk)  
 Website: [www.avonridingcentre.org.uk](http://www.avonridingcentre.org.uk)



# Volunteering Application

Please complete all parts of the form, including postcodes and contact numbers for both yourself and referees, and return to the address above.

Registered Charity  
 No: 281648

Company registered  
 in England and  
 Wales  
 No: 1534625

## Your Details:

Title:	Surname:
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First Name:	Other names by which you have been known:
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Date of Birth:

Address:

Postcode:

Email Address (this will be our primary form of contact) :

Daytime Contact No:

Mobile Contact No:

Are you in full time education?



**The Queen's Award  
 for Voluntary Service**

*The MBE for volunteer groups*

**Patron:**  
 Mary Prior MBE JP

**President:**  
 Marquess of Worcester

**Vice Presidents:**  
 Ginny Elliott MBE  
 Charlotte Leslie MP  
 Simon Laurens  
 Chris Vacher

Member of



An Approved BHS  
 Riding School



A Pony Club Centre



## I would like to help with:

Please tick as appropriate:

- Side Walking/Leading in lessons
- Stable Work
- Estate/Land Maintenance
- Administration

- Events
- Marketing/PR
- IT Support

Other (please specify):.....

**NB: Any area of volunteering at the Centre does not include exercising of the horses.**

## Preferred times to volunteer:

*Please tick as appropriate:*

Monday	AM - 9.45-1.00	<input type="checkbox"/>	PM - 1.15-4.00	<input type="checkbox"/>	Evening - 5.30-7.30	<input type="checkbox"/>
Tuesday	AM - 9.45-1.00	<input type="checkbox"/>	PM - 1.15-4.00	<input type="checkbox"/>	Evening - 4.30-8.00	<input type="checkbox"/>
Wednesday	AM - 9.45-1.00	<input type="checkbox"/>	PM - 1.15-4.00	<input type="checkbox"/>	Evening - 4.30-8.30	<input type="checkbox"/>
Thursday	AM - 9.45-1.00	<input type="checkbox"/>	PM - 1.15-4.00	<input type="checkbox"/>	Evening - 4.30-8.00	<input type="checkbox"/>
Friday	AM - 9.45-1.00	<input type="checkbox"/>	PM - 1.15-4.00	<input type="checkbox"/>	Evening - 4.30-7.00	<input type="checkbox"/>
Saturday	AM - 9.30-12.00	<input type="checkbox"/>	PM - 12.00-2.30	<input type="checkbox"/>		

## Your Experience:

Please briefly outline your skills and experience relating to the areas of volunteering you are interested in.

Experience of helping and interacting with adults or children with physical or learning disabilities, and any other special needs:

Experience of horse care, knowledge, stable management, riding:

Experience of first aid, admin skills, maintenance skills, IT skills, marketing skills, etc.

## Fitness:

We actively welcome volunteers from all walks of life. In order to help us ensure your safety whilst volunteering with us, please provide details of any health issues or disabilities which you have.

It is your responsibility to inform us should you develop a health issues whilst volunteering with us. We may request a doctor note to ensure you are fit to carry out your volunteering duties.

## References:

We require two references in order to proceed with your application. The references should be from a current or most recent employer, teacher **or someone who has known you for at least 2 years**. We cannot accept references from family members.

### Referee 1: (relationship to you)

Surname:

First Name:

Address:

Postcode:

Daytime Contact No:

Email Address:

### Referee 2: (relationship to you)

Surname:

First Name:

Address:

Postcode:

Daytime Contact No:

Email Address

## Criminal Records Information:

1.

Have you ever been convicted of a criminal offence or been the subject of a caution, a 'bound over order' or a 'civil action' involving physical or sexual abuse or violence?

Yes / No

If Yes, please give details:

2.

You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Amendment) 1986, you should declare all convictions, including 'spent' convictions.

Have you ever been subject to any disciplinary actions or sanctions relating to child abuse, sexual offences or violence?

Yes / No

If Yes, please give details:

**3.**

You are required to self-certify that you are not known to ANY Social Services as being an actual or potential risk to children, and that you have not been disqualified or prohibited from working with or fostering children or had any rights or powers in respect of any child vested in or assumed by a local authority, or had a child ordered to be removed from your care.

As part of the checking procedures, you are advised that the Avon Riding Centre reserves the right to make reference to the Local Authority Social Services Department and Police Records to verify information given on this form, when it is submitted or at any time in the future. It is the Avon Riding Centre's policy to make Criminal Records Bureau (CRB) checks and to take up all references.

I understand I have to pay Avon Riding Centre £10 to have a DBS check.

NB: It is the duty of all RDA Group personnel, instructors and volunteers to report any change or convictions involving children.

I consent to a criminal records check being made, confirm that the information provided on this form is correct, and accept that failure to disclose information or subsequent failure to conform to the Avon Riding Centre's Child Protection Procedures may result in disciplinary action and possible suspension or dismissal.

I realise that certain aspects of volunteering, particularly arena and stable work require a certain level of fitness and confirm I am capable of this. I accept that if the instructor/stable management team feel that my physical fitness is impeding my ability to volunteer, or causing a hazard to others I may be asked to volunteer in a less physically demanding environment.

I agree to a mutual 1 month trial period of volunteering.

Signed:

Date:

*Please return to the address on the front of the form – thank you.*