



RIDING FOR THE DISABLED ASSOCIATION OF SINGAPORE

RDA CENTRE

5 JALAN MASHHOR, SINGAPORE 299174

Tel: 6250 0176 Fax: 6354 2396

e-mail address: mail@rdasingapore.org.sg

Patron: Mr. Abdullah Tarmugi, Speaker of Parliament, Singapore

Hello and Welcome to RDA,

We are delighted that you have decided to join RDA as a volunteer and hope that you will enjoy your time with us.

We hope that you will be able to become involved in every aspect of RDA - our organisation runs very much as a team effort. Besides volunteering in our riding sessions we are always looking for volunteers with such skills as publicity, photography and administration as well as volunteers to join our various fundraising projects. We need volunteers to undertake events such as our Christmas Cards sales, annual Flag Day, Fun and Food Fair and the RDA Ball or help to prepare our newsletter.

Another great way of supporting RDA, in addition to joining us as a volunteer, is by becoming a RDA member, details of which are enclosed in the Application for Membership. The \$45 (\$15 for Student membership) annual membership fee covers the costs of our flyers, newsletters and other administrative expenses. The RDA newsletter, "The Pony Express", is produced every three months. This contains news of what is happening in RDA.

As you become involved with RDA you will realise just how vital your role as a helper is and appreciate the commitment we require from you by attending regularly. By supporting RDA as a volunteer you will be helping to make a difference in the lives of many children and receiving a great deal of satisfaction as you witness their improvement and enjoyment.

Once again thank you for giving us your time. Please complete the attached Application and Waiver Form and return it to the RDA office.

Yours sincerely

Sally Munro
Honorary Secretary

RIDING FOR THE DISABLED ASSOCIATION OF SINGAPORE
Application for Membership
Application for Membership and/or Donation

Name: _____ Nationality _____

NRIC/FIN/Passport No: _____ Date of Birth: _____

Address: _____
_____ Postal Code: _____

Telephone (Home): _____ (Mobile) _____

Email: _____

Profession/Occupation: _____

- Student Membership: \$15.00 per year
- Ordinary Membership: \$45.00 per year
- Life Membership: \$500.00 one time payment
- Corporate Membership: \$500.00 per year
- Donation \$ _____ Tax Exempt receipt required Yes No
- Donation in kind _____

I hereby apply for membership of the Riding for the Disabled Association of Singapore. If admitted, I undertake and agree to observe and abide by the Rules of the Association and to pay my subscription promptly as and when the same shall fall due. I enclose my remittance (made payable to "RDA Singapore") in payment of the first subscription in accordance with Rule 4 and Rule 7(b)(i). I understand that in the event of my not being admitted as a member by the Committee my subscription will be returned to me.

Dated this _____ of _____ 20 _____

Signed: _____

Please return to: *Riding for the Disabled Association of Singapore*
RDA Centre
5 Jalan Mashhor
Singapore 299174

Attn: Membership Secretary

For office use only:

Membership Expiry date: _____ Input by: _____

Membership number issued: _____

Riding for the Disabled Association of Singapore

FORM OF WAIVER

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 of Singapore (hereinafter referred to as "RDA"), including but not limited to horse riding, leading and side-walking with disabled persons, 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

[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 Form of Waiver applies to my child in its entirety.

Name of Child

School

Signature of Parent/Guardian

Date

RIDING FOR THE DISABLED ASSOCIATION OF SINGAPORE

Volunteer Information and Waiver form

Name: (underline family name)	
NRIC / Fin No.:	Nationality:
Date of Birth:	Telephone: (H) (Mobile) (O)
Address:	Email:
Member of RDA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to join? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes – please fill out attached membership form.</i>	<i>Student Membership \$15.00 per year Ordinary Membership \$45.00 per year Life Membership \$500.00 one time payment Corporate Membership \$500.00 per year</i>
Are you able to volunteer for our riding sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you able to commit for 10 weeks at a stretch for each term? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Days you can help: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> AM <input type="checkbox"/> PM	
<u>Knowledge and Experience</u> <input type="checkbox"/> Administration <input type="checkbox"/> Photography <input type="checkbox"/> Computers <input type="checkbox"/> Disabled Experience <input type="checkbox"/> Horse Experience Can you help with? <input type="checkbox"/> The RDA Ball <input type="checkbox"/> Flag Day <input type="checkbox"/> Weekend Competitions <input type="checkbox"/> Office Work <input type="checkbox"/> Database <input type="checkbox"/> Fundraising <input type="checkbox"/> Newsletter <input type="checkbox"/> Christmas cards (co-ordination and/or selling) <input type="checkbox"/> Are you an Artist and can help with artwork?	
How did you find out about RDA: <hr/>	