



RIDING WITH OLIVIA[♥]

Volunteer Application

Title _____ Names: First _____ Last _____ Date of Birth _____

Email Address _____ Phone No(s) _____

Address _____

Emergency Contact Name _____ Relationship _____

Email: _____ Phone: _____

I want to be a: ☐ **Pilot** ☐ **Companion** [tick either or both] ☐ I agree to being NZ Police Vetted

Why do you want to become a **Pilot/Companion**?

Please give details of 2 people who know you well, ie. for at least 2 years but are not related to you.

Referees

Person 1

Person 2

Names _____

Phone Numbers _____

Email Addresses _____

Relationships _____

How long have they known you? _____

I have read and agree to comply with our: ☐ **Become a Volunteer** ☐ **Guiding Principles**
☐ **Code of Conduct** ☐ **Adult Safeguarding Policy** ☐ **Volunteer Confidentiality & DP Agreement**

Any medical conditions which may affect
your ability to participate in this activity?

Any experience of bicycle maintenance?

What is your experience with cycling?

Any other information you think we should be aware of?

Which methods we can use to contact you? ☐ Email ☐ Telephone ☐ Text ☐ Post

Data Protection

To comply with NZ Privacy Act, do you consent to having your personal information on our files and database: ☐ I Do Consent or ☐ I Don't Consent [Tick which applies]

The information you have provided above will be kept by **Riding with Olivia** and stored on our database. It will be treated with the strictest confidence and will not be shared with a third party without your explicit consent unless we have a statutory obligation to do so. If you require access to this information at any time, you can ask to see it. You can withdraw consent for us to hold the information at any time by emailing info@ridingwitholivia.nz or by post to **Riding with Olivia**, PO Box 31389, Lower Hutt 5040.

Covid-19 Protection

Due to the vulnerability of our passengers, we ask that any time you suffer flu or covid symptoms, please advise us and stay away from our facility until at least a week after you feel better.

Application agreement

Riding with Olivia, as an affiliate of Cycling Without Age, is creating intergenerational experiences by providing Triobike rides for elders piloted by volunteers. In consideration for permission to act as a volunteer for Riding with Olivia, I, (print name) on behalf of myself, my personal representatives, administrators, executors, assigns, heirs, and next of kin:

1. Volunteer Relationship:

I hereby acknowledge my desire to volunteer my services to Riding with Olivia for charitable and/or humanitarian reasons. I understand and agree that as a volunteer, I am not an employee, partner, agent, representative or contractor of Riding with Olivia under law.

I also understand and agree that because I am donating services to Riding with Olivia for altruistic reasons:

- (i) I have no expectations of any compensation, pay, fee, or benefits for the services; and
- (ii) I am not entitled to wages or employee benefits to which any Riding with Olivia employees may be entitled.

This Agreement will apply to all Riding with Olivia events or activities in which I provide voluntary services (referred to herein as "Service").

2. Waiver of Liability and Release:

I acknowledge, agree and represent that I understand and am aware that Service including, among others, use of Riding with Olivia equipment over public roads and facilities open to the public, and transportation to and from such Service, are hazardous activities involving inherent and other risks of injury to any and all parts of the body.

I further understand that injuries during Service are a common and ordinary occurrence and have made a voluntary choice to accept and assume All Risks of Injury or Death that might be associated with or result. These include, but are not limited to, collision, equipment failure, and jolts and bumps experienced during use of equipment.

I further release, discharge and hold harmless Riding with Olivia, its directors, officers, employees, agents, administrators, insurers, successors and assigns from all liability and claims of any and every kind and nature, whether arising out of negligence or otherwise, for any injuries, including death and loss of property arising from Service.

I hereby waive all current and future claims, whether or not known and whether or not foreseeable, against any parties arising from any loss, damage or injury, including death, to my person and property arising from my Service.

3. Indemnification:

I agree to indemnify, hold harmless and defend, to the fullest extent permitted by law, Riding with Olivia, from and against all demands, claims, liabilities, suits, causes of action, judgments, damages, losses, penalties, and/or expenses of any kind or nature whatsoever, including attorneys' fees, arising, directly or indirectly, from or resulting, directly or indirectly, from my Service hereunder, however caused and regardless of any actions or omissions of Riding with Olivia.

I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

4. Adherence to Policies and Procedures:

By signing this document, I acknowledge I am licensed to pilot a Triobike and will adhere to the policies, rules, regulations, procedures and requirements included in the Riding with Olivia training provided. I will also abide by New Zealand traffic law and Hutt City's bicycle ordinances. I am 18 years of age or older and possess a valid driver's license.

5. Photographic Release and Intellectual Property Rights:

I understand and agree that photographs, video and audio recordings may be taken during any Riding with Olivia event or activity in which I provide voluntary services, and I authorize their use and reproduction by Riding with Olivia. All related files, recordings and prints shall become the sole property of Riding with Olivia, and I agree to their publication in any appropriate public media.

☐ By ticking this box and submitting this application, I acknowledge that I am over the age of 18 and had sufficient time to read and understand this waiver. I have had the opportunity to seek my own legal advice and that I understand and agree to the conditions stated in this document and that they are binding on my heirs, next of kin, executors, administrators, and successors and all information is true and correct.

Name: Phone Number

Date