



# RDA Australia

## **THE 2010 MICHAEL FIELD MEMORIAL VOLUNTEER AWARD**

### **Guide for RDA Centres/State Offices on nomination of candidates**

#### **NAME OF AWARD**

**The Michael Field Memorial Volunteer Award**

#### **Eligibility for Award**

Any person acting in a voluntary capacity in RDA with **more than 5 years service**

#### **Nominations**

Nominations for the award may be made to the state awards committee by any of the following:

RDA Centre  
State Office

Nominations for the National award will be made by the state awards committee; each state is eligible to nominate 1 person.

#### **Criteria for the Award**

1. The volunteer must have made an outstanding contribution to RDA which is above and beyond the expectations of normal duties and **served for more than 5 years (the majority of recipients have served 10 years or more)**.
2. **Supporting information submitted with the nomination must demonstrate that the nominee's activities, ideas and/or expertise have made a significant impact on the quality of service offered by RDA at their centre and at State and/or National level.**
3. The permission of the nominee is required for suitable publicity.

#### **TIMING OF THE AWARD**

<b>April 31 2010</b>	<b>Invitations open to Centres/States to nominate volunteers</b>
<b>July 31 2010</b>	<b>Nominations to State Offices close</b>
<b>Aug 31 2010</b>	<b>Nominations for National Awards to be submitted to the national office</b>

**The National Award will be announced prior to the RDAA AGM in 2010**

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## NOMINATION FORM

### The Michael Field Memorial Volunteer Award

Nominee: .....

RDA Centre: ..... State: .....

Home Address.....

..... Post Code.....

Telephone No: .....(W) ..... (H)

Nominated by: RDA Centre/State Office:.....

Address: .....

Telephone: ..... Fax: .....

Email.....

1. For how many years has the nominee been involved as a volunteer with RDA?

**NB: Must be more than 5 years** \_\_\_\_\_

2. How often does the nominee attend? \_\_\_\_\_

3. Please circle the roles in which the nominee has worked as a volunteer:

Coach Whip Leader Side walker Centre administration Driving Team

Care & Maintenance Transport Fund raising Horse care Equipment care

Other (please specify role) \_\_\_\_\_

4. Has the nominee been involved recruiting/training of new volunteers? Y/N

5. Has the nominee served on the centre management committee? Y/N

If yes, in what roles? (Please circle)

President Secretary Treasurer Fund raiser Volunteer Coordinator Committee

**NB: If you wish to expand on any of your answers, please write on a separate sheet and attach to the form.**

6. Has the nominee been involved with any of the following disciplines? (Please circle)

Dressage Carriage driving Vaulting Hippotherapy Mounted Games

Equine Assisted Therapy

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7. Has the nominee had any involvement with RDA outside your centre? Y/N  
(If yes please circle the appropriate roles)

a. Other RDA centres: Centre name: \_\_\_\_\_  
Roles \_\_\_\_\_ Duration \_\_\_\_\_

b. State Admin   State Coaching   State Fundraising   State Competitions  
State Publicity

c. National Admin   National Coaching   National Fundraising   National Competitions  
National Publicity

**NB: If you wish to expand on any of your answers, please write on a separate sheet and attach to the form.**

## **Letter of Endorsement from the President of the nominating Centre/State RDA**

With the criteria in mind, please attach a letter of endorsement indicating your support of this candidate for the award for which he/she has been nominated.

**Please address the following areas of the nominee's involvement in this letter:**

- a. **Why have you nominated this person for a volunteer award?**
- b. **How has the nominee's involvement improved the ability of your centre/state to cater for the needs of riders/drivers/vaulters etc?**
- c. **How have the nominee's activities enhanced the quality of the services provided by their centre or at State or National Level?**
- d. **Please comment on any involvement that the nominee has had at State/National level.**

NAME: ..... TITLE: .....

SIGNATURE: ..... DATE: .....

NOMINEE'S acceptance of nomination (for publicity purposes); not required unless nominated for National Award.

NAME: ..... TITLE: .....

SIGNATURE: ..... DATE: .....

**NB: Please complete your nominations and then email, fax or mail to your State Office by 31 July 2010.**