This Agreement is between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (you) the Volunteer

**AND** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (us/we/our) the Organisation

The days and time you agree to volunteer are: ❒ Monday - \_\_\_\_\_ hrs ❒ Tuesday - \_\_\_\_\_ hrs

❒ Wednesday - \_\_\_\_\_hrs ❒ Thursday - \_\_\_\_\_hrs ❒ Friday - \_\_\_\_\_hrs

❒ Saturday - \_\_\_\_\_hrs ❒ Sunday - \_\_\_\_\_hrs

**Volunteer Role**

The purpose of this role is to: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Main Tasks**

You will work on the tasks described in the Volunteer Role Description as agreed with you

**Your Commitments**

* You agree you will work as a volunteer and will not be paid for your work.
* You will tell us (your leader or manager) if you are unable to work on the agreed day and time. You will give us as much notice as you can.
* You will resolve problems by raising concerns with your leader or manager. If the matter is not resolved to your satisfaction, you can contact the Chairperson.
* You will not tell any other person about information you find out through your work with us. This includes information about people and the organisation.
* You will follow our policies, procedures, rules and Code of Conduct.
* You will keep yourself and others safe and will follow our health and safety information and directions.

**Our Commitments**

* We will provide you with induction, training, support and feedback.
* You can be reimbursed for your actual and reasonable expenses by us (with receipts and on completion of an Expense Reimbursement form).
* A feedback session will take place at least once every year or after a project or event is completed.

Either party can end this agreement at any time by giving 14 days’ notice to the other party that the agreement will not continue.

**Declaration**

I have read and understood the commitments and requirements in this Agreement, and I accept them fully.

Signed:

 Volunteer

Signed:

 Manager / Chairperson

Date:

Date: