

Volunteer Agreement between DofE Participant and Organisation

[Organisation name].....

[Participant name].....

Date.....

The organisation's manager's/supervisor's name is

Their organisational contact details are.....

Website.....

Volunteers are an important and valued part of our organisation.

We hope that you enjoy volunteering with us and feel a full part of our team.

This agreement tells you what you can expect from us, and what we hope from you. We aim to be flexible, so please let us know if you would like to make any changes and we will do our best to accommodate them.

Your agreed DofE commitment is:

Total Months:

Date from:

Date until:

Sessions to attend day/times:

We, [organisation name]: will do our best:

- to introduce you to how the organisation works and your role in it and to provide any training you need.

The initial training agreed is

- 1. Induction (organisation, site, colleagues, clients, programme)
- 2.
- 3.

- to identify a main point of contact so that you can tell us if you are happy with how your tasks are organised and get feedback from us.
- to respect your skills, dignity and individual wishes and to do our best to meet them.
- to consult with you and keep you informed of possible changes.
- to insure you against injury you suffer or cause due to negligence.
- to provide a safe workplace.
- to apply our equal opportunities policy.
- to apply our complaints procedure if there is any problem.

I, [name of volunteer]:.....mobile.....

agree to do my best:

- to work reliably to the best of my ability, and to give as much warning as possible whenever I cannot work when expected
- to follow the organisation's rules and procedures, including health and safety, equal opportunities and confidentiality.

Note: this agreement is in honour only and is not intended to be a legally binding contract of employment.

Declaration:

By Participant: -

I agree that the minimum commitment required by The Award is the average of an hour a week regularly contributed from the agreed start date until the finish date.

I agree to attend reliably and regularly, as agreed on the previous page, and that as much notice as possible is given to the Manager should I be unable to attend.

I agree that if I miss a session/s that I may have to add it on at the end of the stated period of commitment.

I agree that unreliable attendance, without reasonable notice, will jeopardise my volunteer place.

Print Name	Signature	Date

Consent to volunteer from parent or guardian (if applicant is under 18 years old): -

I agree to my son / daughter / ward doing the volunteering detailed on the previous page.

I agree to support my son / daughter / ward in ensuring a regular and reliable attendance is achieved and that as much notice as possible is given to the Organisation's Manager should he/she be unable to attend.

I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation.

Print Name	Signature	Date

Contact details:

Participant Name.....

Level of Award..... eDofE ID Number.....

Age as at date above.....

Address.....

Email.....

Name of Parent/Guardian:

Address if different to the above:

Address.....

Email..... Mobile.....

PLEASE ENSURE THAT A COPY OF THIS AGREEMENT IS HELD BY VOL, PARTICIPANT & ORGANISATION