***part of  ***

**Volunteer Agreement**

**Young Person’s Volunteer Agreement**

 Volunteers are an important and valued part of HADCA. 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.

We, HADCA, 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 an induction session with The Power of 10 Co-ordinator.

● To provide regular meetings with 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. Your manager’s/supervisor’s name is Jo Thackwray. If Jo is not available, your manager will be Frances Elliot.

● To respect your skills, dignity and individual wishes and to do our best to meet them.

● To reimburse your travel and meal costs up to our current maximum\*.

● 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.

● To provide you with a reference (character or professional) to help you in the

future.

I……………………………………………………………………………………………, 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 HADCA’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.

Volunteer Name and signature: ………………………………………...

Date signed: …………………………………………….

Email:……………………………………………….

Preferred Contact Number for young person:……………………………….

Supervisor’s Name: …………………………………….

Date signed: ...............................................................

**Young Volunteers Consent Form**

Volunteer’s Start Date: .................................................................................

Personal details:

Young person’s name: .................................................................................

Date of birth: ................................................................................................

Address and postcode: ………………………………………………………... .................................................................................................................... ....................................................................................................................

Parents’ and carers’ permission:

* I give permission for my son or daughter to take part in the volunteering above, including all the activities involved.
* I give permission for my son or daughter to join the HADCA Power of 10 WhatsApp group, solely for communication purposes regarding the Power of 10 project
* I have ascertained what activities are involved and this permission extends to all activities involved in events.
* I understand that although staff or leaders in charge of the activities will take all reasonable care of the party members, they cannot necessarily be held responsible for any loss, damage or injury my son or daughter suffers as a result of their volunteering activity.

Your name: ...............................................................................................................

 Signature: .................................................................................................................

 Relationship to the young person: ............................................................................

 Address and postcode (if different from the young person’s): .................................. ……………………………………………………………………………………………… ………………………………………………………………………………………………

Contact telephone numbers: Day…………………………………….

Evening: ........................................................................

Mobile: ..........................................................................

If there is an emergency and we are not able to contact you, please give the details of someone else we can contact and sign below.

Name: ....................................................................................................................

Contact number: ...................................................................................................

If your son or daughter becomes ill or has an accident requiring emergency hospital treatment, please authorise the organisation named above, or someone acting on their behalf, to sign any hospital written consent form needed, if contact with you cannot be obtained and the doctor has recommended that such treatment is in the child’s best interests.

Your signature: ........................................................................................................

Date: .......................................................................................................................

**Medical details**

This information will be kept confidential among the staff and/or volunteers in charge of the activity your child is participating in. You are not obliged to give this information, but it is your responsibility to disclose any information that relates to your child’s health and we are not responsible if we have not been informed of a health-related matter.

***Please inform us of any medical condition, allergies or medication your child may be taking that may be relevant if they become ill or in the event of an emergency:***

…………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………..

***Does your son or daughter have any specific dietary needs, such as vegetarian, low cholesterol, gluten-free or halal? If ‘Yes’ please give details.***

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**Photo Consent**

Our organisation regularly takes photos and videos of visitors for publicity. Before taking images of children under the age of 16, we need their parents’ or carers’ permission. May we use images of your son or daughter for publicity (including in printed materials) or on social media or our website?

Parent’s/Carer’s Signature: ....................................................................................

Date signed: ...........................................................................................................

We consider young people taking part in Power of 10 events to be responsible for their own actions.

By signing this form, you accept that your son or daughter will follow the rules of all events and the organisation.

Young person’s signature: .....................................................................................

 Date signed: ..........................................................................................................

Parent’s/Carer’s Signature: ....................................................................................

Date signed: ...........................................................................................................