

VOLUNTEER AGREEMENT

Registration Form

This Volunteer Agreement is an arrangement between us, and you (the volunteer) in relation to your voluntary work. The intention of this agreement is to assure you that we appreciate your volunteering with us and to indicate our commitment to do the best we can to make your volunteer experience with us a positive and rewarding one.

Part 1 - The Agreement

I,(full name), agree to be a volunteer with Neurocare and commit to the following:

1. To perform my volunteering role to the best of my ability
2. To adhere to the organisation's rules, procedures and standards, including health and safety procedures and its equal opportunities policy in relation to its staff, volunteers and clients.
3. To maintain the confidential information of the organisation and of its clients.
4. To meet the time commitments and standards undertaken, other than in exceptional circumstances, and provide reasonable notice so that alternative arrangement can be made.

This agreement is binding in honour only, is not intended to be legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.

Agreed to:
Volunteer signature On behalf of (Neurocare)

Date:.....

Thank you for completing the first part of our volunteer agreement, the declaration.

Please can you now tell you a little more about yourself

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Part 2 - Please tell us about yourself

Date of birth

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If you would prefer not to answer we'd like to know that you are over the age of 16? Y / N

Contact details

Home Number & Mobile Number.....

Email address.....

Address

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Are that you would like to volunteer within

Please tick any areas that you might like to volunteer within

<input type="checkbox"/>	Supermarket bucket collections	<input type="checkbox"/>	Office Administration
<input type="checkbox"/>	Events Team/Events Marshall	<input type="checkbox"/>	Social Media/Marketing/Design
<input type="checkbox"/>	Raising awareness of Neurocare at Schools and Community Groups	<input type="checkbox"/>	Generating more volunteers
<input type="checkbox"/>	Retail/Shop work at the Hospital	<input type="checkbox"/>	Communicating and corresponding with donors

Interests/hobbies

Please tell us about your hobbies and interests so we can better understand roles which you might enjoy but have not considered

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Transport

Do you have a full UK driver's license with access to a car? Y / N

If no, how do you usually travel?

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Do you have any unspent* criminal convictions?

Yes / No (Delete appropriate)

If yes, state convictions and dates:

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Health & disability

Do you have any health issues or a disability relevant that we might need to know about to enable us to assist you in any voluntary role?

Yes / No (Delete appropriate)

If yes please tell us about any specific needs

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**Thank you for completing our volunteer agreement, now please send back to
sophie@neurocare.org.uk**