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**Volunteer Agreement**

Volunteers are an important and valued part of Voluntary Action Sheffield/Sheffield Volunteer Centre. We hope that you enjoy volunteering with us and feel 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.

**We, Sheffield Volunteer Centre, 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 introduction to the work of VAS and the Volunteer Centre
* Provide regular meetings with your manager so that you can tell us if you are happy with how your work is organised and get feedback from us. Your manager’s name is [enter name]
* Respect your skills, dignity and individual wishes and to do our best to meet them.
* Pay your travel expenses (and meal costs if volunteering for over 4 hours).
* Consult with you and keep you informed of possible changes.
* Insure you against injury you might suffer or cause due to negligence.\*
* Provide a safe workplace. \*
* Apply our equal opportunities policy.
* Apply our complaints procedure if there is any problem.

**I, (name of volunteer), agree to do my best to:**

* Volunteer reliably to the best of my ability, and to give as much warning as possible whenever I cannot volunteer when expected.
* Follow Voluntary Action Sheffield/Sheffield Volunteer Centre rules and procedures, including health and safety, equal opportunities and confidentiality.

\*More details on these issues are provided in the Volunteer Handbook.

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

Print Name (Volunteer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Volunteer Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_