



VOLUNTEER AGREEMENT FORM

Thank you for agreeing to be a volunteer at Baby Wipez. Volunteers have an important role in our service. This Volunteer Agreement has been developed to ensure that volunteers fully understand their role, rights and responsibilities and that clients are provided with the best possible services.

THIS AGREEMENT is made between **Baby Wipez** and:

.....

(Insert name of volunteer)

Working in the position of

For the program at (Location)

Commencing on/...../.....

Length of the Agreement:

Trial Period: All volunteers will have a three (3) month trial period. The trial period is to ensure that you are happy with your duties and have the capability of meeting the requirements of the position. A review and evaluation of the volunteer’s performance will be conducted 1 month and then 3 months after commencement date and thereafter annually by the manager/program coordinator or authorized representative.

Termination of Agreement

Where possible, fourteen (14) days’ notice of terminating this contract will be made available by either party. If the agreement is not terminated on the date of expiry, it shall be assumed to extend for another twelve (12) month period

Duties

The volunteer shall carry out the duties as outlined in the *Position Description*. Should the volunteer move into another volunteer position or program, you will be given a position description for the new area. You will need to acquaint yourself with the organizations policies and procedures and work within these requirements and structure. You will be required to abide by all policies set by the organization.

Reimbursement

Volunteers will be reimbursed for “approved” out-of-pocket expenses incurred during the course of their duties. Receipts should be kept and provided to the program coordinator for processing.



Hours of Work

The normal hours of work will be set out as per the *roster* prepared by the program coordinator. If the volunteer is unable to work any of the rostered hours he/she is requested (if possible) to provide one week’s notice to the program coordinator. The volunteer is not normally expected to work public holidays.

Insurance

(Name of organization) will provide Public Liability and Personal Accident Insurance cover for volunteers whilst carrying out their volunteer duties.

Code of Behavior

The volunteer has read and agrees to abide by the “*Code of Behaviour*” as outlined in the *Volunteer Manual*.

Grievance Procedure/Dispute Procedure

The volunteer has read and agrees to abide by the “*Staff/Volunteer Dispute and Grievance Policy Procedure*” as outlined in the *Volunteer Manual*.

Confidentiality

The volunteer has read, signed and agrees to be bound by the clauses as set out in the “*Confidentiality Agreement*” as a condition of his/her association with (name of organization).

Supervision and Training

The program coordinator (or representative) will hold regular supervision sessions for volunteers. Volunteers may approach the program coordinator or manager (or authorized representative) at any time to discuss an issue. Orientation will be given to the volunteer prior to commencement of duties. Volunteers will receive the training and ongoing support needed to successfully undertake their work.

Volunteer Manual

In signing this agreement, the volunteer acknowledges receiving a copy of the “*Name of Organization Volunteer Manual*” and agrees to be bound by the terms and conditions stated therein.

Volunteer

Name _____ Date _____ Signature _____

Manager/ Coordinator _____

Name _____ Date _____ Signature _____