

# MORECARE VOLUNTEER AGREEMENT

This Agreement is between **Morecare** and the **Volunteer**

Name .....

Address.....

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**In recognition of the valuable services provided by the Volunteer, it is agreed that Morecare shall:**

1. Provide relevant insurance cover deemed necessary to protect the **Volunteer** in all lawful acts in connection with voluntary activity carried out on behalf of **Morecare**.
2. Reimburse travelling expenses at the currently agreed rate in respect of journeys authorised by a member of the management committee.
3. Provide training appropriate to the voluntary activity being undertaken.
4. Give regular help, guidance and support to the **Volunteer** according to the nature of the voluntary activity being carried out and to the needs of the **Volunteer**.
5. Keep strictly confidential all information supplied by the **Volunteer** during his or her selection process.
6. Also keep strictly confidential all information obtained by the **Volunteer** about clients in connection with his or her voluntary activity on behalf of **Morecare** and this confidentiality shall continue to be observed beyond such time as the **Volunteer's** involvement with **Morecare** ceases.
7. Support the work of the volunteer throughout the period of his or her involvement with **Morecare**.

**In return, the Volunteer shall:**

1. Carry out the voluntary activities within the principles, policies and procedures of **Morecare**.

**I acknowledge that I have read these as a part of my training.**

Please insert initials to confirm acknowledgement	
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2. If volunteering as a driver, I confirm that I am medically fit to drive and will keep my MOT and appropriate insurance up to date.
3. Ensure that all voluntary activity carried out on behalf of **Morecare** is known and authorised by a **Morecare** co-ordinator.
4. Dependent upon the volunteering, the **Volunteer** must keep a co-ordinator informed of the nature and frequency of the voluntary activity and notify them when the volunteering ends, so that an up-to-date record can be maintained.
5. Bring any problems or difficulties with volunteering to the notice of the co-ordinator.
6. Attend support and training appropriate to the voluntary activity, as deemed necessary and reasonable – according to the needs of the **Volunteer** and of **Morecare**.
7. Not administer or assist in administering any drug, tablet or medicine during the course of voluntary activities on behalf of **Morecare**. Refer any query back to the telephone co-ordinator, or, if urgent, contact the Health Centre.
8. Keep strictly confidential all information about clients, committee members or volunteers obtained in connection with their voluntary activity on behalf of **Morecare**. This confidentiality shall continue to be observed beyond such times as that voluntary activity for **Morecare** comes to an end.

**Each party reserves the right to terminate this partnership should a breach of any of the above occur. Neither of us intends any employment relationship to be created either now or at any time in the future.**

Signed .....  
Morecare Volunteer

Signed .....  
Morecare Co-ordinator

Date .....