

Manning Valley & Area Community Transport Group Inc.
Section 2 Team Management
Document 2.04-1-3-v3 Volunteer Agreement

Thank you for agreeing to be a volunteer with us. 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 Service Users are provided with the best possible services.

This agreement is made between:
Manning Valley & Area Community Transport Group Inc
and

.....
(Name of volunteer)

Volunteering in the position

Of

Length of Agreement

Subject to the satisfactory completion of a three month probationary period, this agreement will be ongoing

Duties

The volunteer shall carry out the duties as outlined in their Job Description. A review of the volunteer's performance will be conducted annually by the Manager.

Reimbursements/Benefits:

Volunteers will be reimbursed for out-of-pocket expenses incurred during the course of their duties. Receipts should be kept and provided to your supervisor. For volunteers using their own vehicles for transport, vehicle expenses will be reimbursed at the rate of \$0.60 per km.

Code of Behaviour & Confidentiality Agreement

Volunteers are expected to follow the Code of Behaviour and Confidentiality Agreement and failure to do so may result in termination of this agreement.

Policy & Procedures

Volunteers are expected to abide by the organisations Policies and Procedures.

DOC 2.04-1-3-v3	Volunteer Agreement			Date Approved	
Date Document due for review	Date Document Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date
30/6/18	8/3/16	See improvement request	Team members	meeting	17/3/16

Appeals

An appeal can be made according to Team Members Performance Dispute and Grievance Procedure

Photo Consent

I, consent to my photo being taken and included in a power point presentation, leaflets and promotions of the Service. These photos allow the Service to recognise the contributions of Team Members.

If at any time you wish to withdraw your permission please contact the office.

I understand that the Service's Insurance Policy does not replace comprehensive motor vehicle insurance on my vehicle. Insurance only covers me while I am working within agreed and documented times. The travel route must be direct to and from service user's homes and in the times just before and after visit. In offering my services as a volunteer worker, I fully realise I will be reimbursed/compensated for out- of -pocket expenses.

I will take all care whilst assisting with service users. I will ensure confidentiality at all times. I will not give out or receive phone numbers of service user. I agree to a police check being conducted. I agree to abide by the Policies and Procedures of the Service and any training/orientation I may receive

Volunteer Signature: Date:

Managers Signature Date.....