

NB – Please print 2 copies as one must be given to the employee

Mr/Mrs/Miss/Ms	
Surname	
Other names (in full)	
Address	
Post Code	
Contact Telephone	
Contact Email	
Date volunteering to commence	
Date volunteering to cease	

Role of the Volunteer:

Volunteers will assist with various activities as agreed to contribute to specific projects whilst in receipt of support from managers, project leaders or co-ordinators.

Disclaimer: The insurance policy provided by the City Council will cover volunteers for the agreed activities, which must be recorded. A volunteer will not undertake any volunteer work outside of these areas. The City Council will not be held responsible for any volunteer work undertaken outside of agreed activities.

Declaration

By signing this volunteer agreement form you are confirming that you have read and understood the volunteer policy and guidance document, and that you agree with the policy. Additionally you agree that the above details are correct and that the volunteer project coordinator or service manager is able to contact you using the information above.

Volunteer Signature Date.....

Counter Signed by Authorised Signatory for Directorate

Employee Name (please print)

Employee Position (please print)

Employee Signature Date