

**Volunteer Walk Leader Agreement**

**Name of Volunteer**……………………………………………

**Address**……………………………………………………………………………....

……………………………………………………. **Postcode**………………………

**🕿 Home/Mobile**…………………..…………………………………………………

**Email**.............................................................

**Volunteer Position:** Walk Leader

**Named Contact: ........................................................**

The following areas of volunteering and responsibilities have been agreed between Braveheart and the volunteer named above:

**Main Duties**

The main duties of the volunteer walk leader are:

* To lead safe and enjoyable local walks for people of all ages and abilities, bearing in mind the information provided at the training course i.e. use of the cue card messages
* To research suitable walks for Braveheart walking groups
* To encourage walkers to aim to walk independently as well as taking part in the Walk with Braveheart programme, e.g. by using the self-help walking pack or other suitable resources
* To promote the health benefits of walking and motivate people to take up walking as a form of physical recreation
* To help walkers tailor health walking to meet their individual needs
* To carry out appropriate administration procedures maintaining client confidentiality i.e. completion of the walk register and the health questionnaire etc.

**Availability**

Volunteers are expected to be available to assist with Braveheart walking activities as required and agreed. Braveheart recognises that flexibility is a key element of our agreement with volunteers.

**Induction and Training**

Before starting as a volunteer with Braveheart volunteers will participate in an induction session and will receive appropriate training. This will consist of:

* Braveheart Induction Session
* Paths for All – Walk Leader Training (1 day)
* Cardiac Resuscitation (2 hours)
* Basic First Aid (4hours)

**Trial period**

Following successful completion of induction and training, volunteers will serve a trial period of one month.

**Contact Person**

The volunteer will be supported and supervised

by........................................................

(Braveheart Walking Development Officer).

**Attendance at Volunteer’s Meetings**

The volunteer is expected to attend volunteers’ meetings held in the evening every six weeks in the Braveheart Office, Falkirk Community Hospital.

**Expenses**

Travel and other out of pocket expenses will be paid in accordance with The Braveheart Association’s guidance on the reimbursement of Volunteers Expenses’ Procedure. Volunteers are asked to hand these in each month.

Some volunteers may choose to donate all or a proportion of their out of pocket expenses back to Braveheart. If you wish to donate in this way please indicate this on the expenses claim form.

**Insurance**

While volunteering on behalf of The Braveheart Association, volunteers are covered by the organisations insurance,whilst they are on premises occupied by Braveheart or, when engaged in activities on behalf of the organisation, provided these activities are being conducted within their role description. Whilst on walks volunteers are covered by Paths for All insurance.

If a volunteer task involves driving, volunteers are advised to check with their Motor Insurance Company to confirm that they are covered for volunteer driving.

**Counselling Out/Dismissal**

The Braveheart Association reserves the right to end the services of volunteers, if, in its opinion, volunteers have been negligent of their duties, have behaved unacceptably or prove to be unsuitable.

**Grievance Procedure**

If volunteers have a grievance that cannot be resolved with their named contact, it should be referred to the Braveheart Manager. Should his/her ruling be disputed, an appeal against it will be considered by the Braveheart Board. Their decision is final.

**Equal Opportunities**

The volunteer is expected to carry out their tasks in accordance with The Braveheart Associations Equal Opportunities Policy.

I agree with the conditions set out above.

Signed………………………………… (Volunteer) Date…………………….

Signed………………………………… (Named Contact) Date………………….…

Please return to:

The Braveheart Association

Falkirk Community Hospital

Majors Loan

FK1 5SU