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**Volunteer Fundraiser Agreement**

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

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

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

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

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

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

**Main Activities**

The main activities of volunteer fundraisers are:

* to work as part of the Braveheart team raising vital funds
* to carry out pre arranged voluntary commitments
* to promote Braveheart’s healthy living message within the community
* to raise awareness of Bravehearts work

**Availability**

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

# Flexibility

Volunteers should plan activities with the Development Officer that will suit their time schedule. Braveheart understands that people have other commitments and that pre arranged activities might, on occasion, need to be rescheduled. Braveheart expects that volunteers will plan rest breaks and holidays and asks that volunteers give good notice of time out as far as possible

**Introduction and Training**

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

* Braveheart Induction / Introductory session

**Probationary Period**

Following successful completion of induction/ introduction and training, volunteers will plan a support and review meeting within four weeks.

**Contact Person**

The volunteer will be supported and supervised by:

**...........................................**

(Braveheart Fundraising Development Officer)

**Attendance at Volunteer’s Meetings**

Volunteers will be invited and are expected to attend volunteers’ meetings that are held at a pre arranged time every six weeks, at 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’ Policy. 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 policy, both whilst they are on premises occupied by Braveheart or, when they are engaged in any agreed activities on behalf of the organisation, provided these activities are being conducted within their role description. 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.

**Exit Procedure**

The Braveheart Association reserves the right to end the services of the volunteer if, in its opinion, the volunteer concerned requires a break, is endangering their health, has been negligent of his/her duties, has behaved unacceptably or proves to be unsuitable as a volunteer in the organisation. Braveheart understands that, at some point, volunteers may want to leave their volunteering role and asks that volunteers advise their Development Officer so that their role can be wound up and the volunteer can be thanked for their contribution.

Problem Solving Procedure

If volunteers have a problem, concern or complaint that cannot be resolved with their named contact person 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 of Trustees. Their decision is final.

**Equal Opportunities**

The volunteer is expected to carry out their tasks in accordance with

The Braveheart Associations Equal Opportunities Procedure:

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

Falkirk

FK1 5QE