

VOLUNTEERS IN PARTNERSHIP AGREEMENT

This is a statement of conditions upon which you attend Cornwall Partnership NHS Foundation Trust for the purposes of volunteering.

Name:

Address:

Remuneration

This is a voluntary appointment and is unpaid.

Incidents/Accidents

If you are involved in an incident/accident during your volunteering within the Trust, you must inform your local volunteering contact and the Volunteer Manager immediately.

Security

You will be required to adhere to the Trust's Security Policy. This means that on every occasion you attend for volunteering you will be required to wear an identification badge, which will be provided by the Trust. The badge must only be worn whilst volunteering for the Trust, and you will be required to return the badge at the end of the voluntary appointment. The Trust cannot be held responsible for any loss or damage to your personal belongings.

Confidentiality

All information concerning patients and their relatives must be always treated as strictly confidential, and you may not divulge it to any other person. Personal information concerning members of staff may be divulged only with their consent, or if the giving of it is a necessary part of official procedure.

Under no circumstances may any information be given to representatives of the media on any subject concerning the Trust's facilities, its service users, or staff, without the authority of the Chief Executive.

Unauthorised disclosure of confidential information will result in the termination of this agreement and possible prosecution.

Expenses

The Trust will pay you reasonable out of pocket expenses in respect of travel as agreed by the Volunteer Manager. The mileage rate for volunteering is currently 40p per mile.

Activity

The Trust is required to record all Volunteer activity for reporting purposes. You will be required to complete a monthly activity sheet detailing all your voluntary activity during the month.

Data Protection

Under the Data Protection Act individuals who operate Trust systems and handle Trust information are required to adhere strictly to the legal requirements for confidentiality. This means information must not be passed on to unauthorised persons. Breach of these requirements will result in the termination of this agreement and possible prosecution.

Smoking

You are not permitted to smoke while on Trust premises or on Trust business.

Review

The Trust may review this voluntary appointment at any time.

Termination of Agreement

You have the right to terminate this agreement at any time.
The Trust has the right to terminate this agreement at any time.

Variation of these Conditions

Cornwall Partnership NHS Foundation Trust reserves the right to vary these conditions.

Signed

Date

Name: _____ Volunteers Manager
(On behalf of Cornwall Partnership NHS Foundation Trust)

Declaration

1. I have read and understand this agreement.
2. I understand my responsibilities in protecting the confidentiality of service users and their families, other volunteers, and Trust staff.
3. I understand my responsibilities as a volunteer in ensuring I work in accordance with Trust policies and procedures.
4. I fully understood the training and instructions that have been provided to me.
5. I understand what I should do if I have any questions or concerns.
6. I understand that I will always follow all reasonable instructions of the Local Contact within the area of the service I am placed or the Volunteer Manager.

Signed: Date