

**CONSENT TO USE QUOTES AND TAKE IMAGES**

**FOR NON-PROFIT PURPOSES**

Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please PRINT CLEARLY

I hereby consent to the use of my quotes and the taking of images/videos for promotional purposes by BRAG Enterprises whilst taking part in activities.

I also grant the right to edit, use and re-use said products for non-profit purposes. (e.g. press releases, marketing or for funding requirements)

I also hereby release BRAG Enterprises and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Volunteer signature: ………………………………………Date: ………………………

**BRAG ENTERPRISES**

**New Volunteer Form (PRIVATE AND CONFIDENTIAL)**

**Contact Details: (Please complete for administration purposes)**

Surname: **­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Details:**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information: Any medical conditions? Yes/No**

If you have an existing medical condition, it would be helpful in the interest of safety if you could list any conditions that we should know about. This information will be held in strictest confidence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What skills/experience can you bring to BRAG?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your reasons for wanting to volunteer?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick any boxes that apply**

**Van Driver Storage & Food Distribution Business Advice**

**Family Support Employment Advice Admin Support**

**When are you available to volunteer? Please tick or state times**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Evenings** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

**Other (how flexible are you)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about volunteering opportunities at BRAG? Please Circle**

Advertising Word of Mouth Partner Agency Brag website Other

**PVG**

Certain volunteering roles with children, young people and vulnerable adults will require you to be a PVG Member. Brag can assist with your application. **IF REQUIRED,** this will only be sought with your consent at the final stage of the selection process for successful applicants.

**Please sign and date below:**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

……………………………………………………………………………………………………….

**BRAG OFFICE USE**

**NAMED CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_**

**SECONDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_**

**Admin file created DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BRAG Enterprises**

This agreement describes the arrangement between BRAG Enterprises and you. We wish to assure you of our appreciation of your volunteering with us and will do the best we can to make your volunteer experience with us enjoyable and rewarding.

We recognise the benefit that volunteers bring to our organisation and those who use our services. Volunteer involvement in BRAG Enterprises does not replace or devalue the role of paid staff.

**BRAG Enterprises accept the voluntary service of:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agreed Time commitment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your role as a volunteer will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Named contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. To perform my volunteering role to the best of my ability.
2. To follow BRAG’s procedures and standards, including health and safety, and equalities and diversity.
3. In line with Health and Safety not to attend under the influence of any alcohol or illegal substances and understand that I will be asked to leave should this occur.
4. To keep confidential any information you may have access to, whether given to me willingly by an individual or through the volunteer placement.
5. To meet time and other commitments as agreed except in exceptional circumstances and to give reasonable notice if unable to attend so other arrangements can be made
6. To work as agreed in my (role) except where agreed by both parties.
7. To provide references and to agree to undertake a Scottish Criminal Record Check, as and when required including PVG
8. Brag will process personal data relating to me in accordance with current GDPR guidelines.

I agree that this agreement is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created now or at any time in the future.

Agreed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Volunteers signature) Date: \_\_\_\_\_\_\_\_\_\_

Agreed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

(on behalf of BRAG Enterprises Ltd)

**VOLUNTEER INDUCTION**

All Volunteers will be issued with a Volunteer pack which contains: -

* Volunteer document
* Volunteer agreement
* Volunteer policy
* Equal opportunities monitoring form
* Consent to use quotes and take images document
* Volunteer Induction document

Volunteer Supervisor should go through each of the above documents with the Volunteer and make sure that they are satisfied with the agreement and both the Volunteer and Supervisor should sign and date the documents. If required Supervisor should photocopy any relevant documents for the Volunteer e.g. Driving Licence, PVG check etc. All Volunteers should adhere to the “confidentiality clause” within the Volunteering Policy.

Once the above documents have been completed these should be handed over to Administration Manager who will create a file for the Volunteer.