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**Menstrual Health Project**

**Volunteer Role:………………………………..**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Volunteer Agreement

This Volunteer Agreement is a description of the arrangement between us, Menstrual Health Project (*the organisation*) and you (*the volunteer*) in relation to your voluntary work. The intention of this agreement is to assure you that we appreciate your volunteering with us and to indicate our commitment to do the best we can to make your volunteer experience with us a positive and rewarding one.

**Part 1 Menstrual Health Project**

We, Menstrual Health Project, accept the voluntary service of (*name of volunteer*) beginning on…………………………………

Your role as a volunteer is (*state nature and components of the work*). This work is designed to (*state purpose of work in relation to its benefit to the charity*).

We commit to the following:

**1. Induction and training**

* To provide thorough induction on the work of *Menstrual Health Project*, its staff, your volunteering role and the training necessary to assist you in meeting the responsibilities of your volunteering role.

**2. Supervision, support and flexibility**

* To define appropriate standards of our services, to communicate them to you, and to encourage and support you to achieve and maintain them as part of your voluntary work.
* To provide a personal supervisor who will meet with you regularly to discuss your volunteering and any associated problems.
* To do our best to help you develop your volunteering role with us and to be flexible in how we use your volunteering.

## 3. Expenses

* To reimburse the following expenses incurred by you in doing your voluntary work:

Travel to and from home to place of volunteering (if applicable) and during your work as necessary.

**4. Health and safety**

* To provide adequate training and feedback in support of our health and safety policy.

**5. Insurance**

* To provide adequate insurance cover for volunteers whilst undertaking voluntary work approved and authorised by us.

**6. Equal opportunities**

* To ensure that all volunteers are dealt with in accordance with our equal opportunities policy.

**7. Problems**

* To endeavour to resolve in a fair and just manner any problems, grievances or difficulties which may be encountered while you volunteer with us.
* In the event of an unresolved problem, to offer an opportunity to discuss the issues.

### Part 2 The Volunteer

I, …………………………………………..(*full name in capitals*), agree to be a volunteer with *Menstrual Health Project* and commit to the following:

1. To help Menstrual Health Project in raising awareness and improving education on menstrual wellbeing.
2. To perform my volunteering role to the best of my ability.
3. To act in a professional manner when undertaking my volunteer role.
4. To adhere to the organisation’s rules, procedures and standards, including health and safety procedures and its equal opportunities policy in relation to its staff, volunteers and client and volunteer Code of Conduct.
5. To maintain the confidential information of the organisation and of its clients.
6. To meet the time commitments and standards undertaken, other than in exceptional circumstances, and provide reasonable notice so that alternative arrangements can be made.
7. To provide referees, as agreed, who may be contacted, and to agree to a DBS check being carried out where necessary.

**My agreed voluntary time commitment is …………………………………..**

 **Part 3 Code of Conduct**

All adults who work or volunteer with, and on behalf of vulnerable adults, young people or children are accountable for the way in which they behave and for the steps they take to manage risk and safeguard vulnerable people.

Throughout all our work and activities, the best interests of the people who use our services is our prime concern. We appreciate the time, energy and commitment that everyone brings to Menstrual Health Project. Through our consistent approach we each play a part in helping to ensure that Menstrual Health Project’s support helps keep people safe.

Adults working or volunteering with older people, young people or children occupy a position of considerable trust. Our conduct and behaviour, including in our private life, must demonstrate that we will always act in the best interests of the people with whom we come into contact. We avoid any behaviour which may compromise our ability to safeguard these people and Menstrual Health Project’s reputation.

This Code of Conduct is accepted and signed by all trustees, staff and volunteers across Menstrual Health Project and ensures that we are all aware of our responsibilities and expectations in supporting our community.

In order to acknowledge our individual responsibility to protect service users, and to reduce the likelihood of abuse taking place, each volunteer signs their agreement to:

1. model and promote Menstrual Health Project’s commitment to safeguarding in all aspects of their work and wider conduct, including in the use of social network sites.
2. not to exploit or abuse their position.
3. follow the Menstrual Health Project Standards and Methods of Practice (copy attached), the policies and procedures relating to safeguarding, including this Code of Conduct, and policies relating to confidentiality and information sharing and information governance.
4. follow Menstrual Health Project procedures for reporting concerns or about the behaviour of an individual without delay.
5. undertake safeguarding training specific to their role in order to keep knowledge and skills up to date.
6. model positive examples of behaviour.
7. not make inappropriate, sexual or abusive remarks.
8. listen to and respect the views of others.
9. recognise that people can be adversely affected by words and actions and to sensitively challenge inappropriate, offensive, racist or abusive language and behaviour, when safe and appropriate to do so.

**This agreement is binding in honour only, is not intended to be 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 either now or at any time in the future.**

 **Agreed to:**

 **…………………………. Date:……………………………..**

**Volunteer signature**

 **………………………… Date:……………………………..**

**On behalf of (*Menstrual Health Project*)**