**VOLUNTEER AGREEMENT**

**Please type clearly in block capital letters and send to**

**PROPOSED DESIGNATION OF VOLUNTEER**

**(SITE/ROLE)**

This agreement must be completed and signed before the volunteer is permitted to start work at Moorfields Eye Hospital. The signed original will be retained by the Friends’ office and a copy given to the volunteer if required.

**FIRST SURNAME/S**

**NAME (exactly as it appears in passport)**

**PREFERRED**

**NAME (on ID badge)**

**TITLE** (Mr, Mrs, Ms, etc.) **DATE OF BIRTH**

**(for insurance purposes)**

**ADDRESS**

**(inc. post code)**

**TELEPHONE**: **CONTACT PHONE Ns**

**E-MAIL ADDRESS**

**REFEREES** - please provide two references (each with name with email), from business, society, school or college, etc.

1. **Relationship to the candidate: Name**

**and**

**email:**

1. **Relationship to the candidate: Name**

**and**

**Email**

**Please read overleaf and sign to accept. Email to** [**moorfields.friends@nhs.net**](mailto:moorfields.friends@nhs.net)

**VOLUNTEERS ARE REQUIRED TO SIGN IN UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING:**

*“FRIENDS” indicates the Friends of Moorfields, a registered Charity.*

*THE TRUST” indicates the Moorfields NHS Foundation Trust, acting through the Friends of Moorfields.*

1. I will work as part of the Friends’ Volunteer Team. I will attend on the agreed days and at the agreed times for a minimum of 6 months, and will fulfil my duties in an efficient and friendly manner.
2. In the event of illness or other reason for absence I will notify the Friends of Moorfields with as much notice as possible.
3. When on duty I will dress in a smart, casual way and will display my ID badge and wear uniform at all times.
4. I understand that no smoking is permitted whilst representing the Friends.
5. I will comply with all reasonable directions from the Trust on whose premises and with whose permission I am a volunteer.
6. Unless expressly authorised in writing, I understand that I am not an agent or representative of the Trust or have any authority on behalf of the Trust. Any matter of concern will be referred initially to a member of the Friends’ staff.
7. As a volunteer I will be entitled to basic refreshments at the expense of the Friends but may receive no salary, gratuity or payment in kind.
8. I understand that minimal insurance cover will be provided by the Friends and that responsibility cannot normally be accepted by the Friends or by the Trust for articles lost or damaged on its premises, whether by fire, theft or otherwise.
9. I understand that volunteers are not allowed to handle patients’ money or belongings or to cash cheques for patients.
10. I understand that volunteers must take reasonable care for the health and safety of themselves and other persons and must co-operate with the Trust so far as is necessary to perform any duty or comply with any requirement.
11. I understand that all information relating to the Friends, to the Trust and to individual patients must be regarded as strictly confidential. Details of patients’ names or particular conditions/illnesses will not be discussed with anyone inside or outside the hospital.
12. I understand that volunteers may not make any statement about the Trust to the press or other form of public media, and will refer all such requests to the Friends’ office.
13. I consent to the Friends contacting me via email with news and information about the Friends or Moorfields Eye Hospital

**SIGNATURE OF VOLUNTEER**

**SIGNED FOR FRIENDS OF MOORFIELDS**

**DATE FORM DATE VOLUNTARY WORK STARTED**

**COMPLETED**