**Short Term Volunteer Agreement**

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| **Volunteer Name** |  |
| **Address** |  |
| **Contact No.** |  |
| **Email Address** |  |
| **Emergency Contact Name** |  |
| **Emergency Contact No.** |  |
| **Working with Vulnerable People registration number and expiry** |  |

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| **Volunteering Location** | Million Paws Walk – Patrick White Lawns, Parkes, ACT |
| **Dates of Volunteering** | 20 May 2018 |

**Declaration**

I understand and agree:

* that the tasks I undertake for RSPCA ACT are voluntary in capacity;
* that I must abide by RSPCA ACT policies and may request at any time to be provided with copies of relevant policies;
* that I am not permitted to share photos or videos taken at RSPCA ACT’s shelter or at RSPCA ACT events on personal social media pages, or comment on RSPCA ACT related stories on social media or external websites;
* that no employment relationship exists between myself and RSPCA ACT and I will receive no remuneration for my volunteer services;
* that RSPCA ACT reserves the right to release a volunteer at any point if, for any reason, the volunteer is deemed unsuitable;
* that my hours of volunteer work are at the discretion of RSPCA ACT;
* that RSPCA ACT may change or cancel any part of its volunteer program as it sees fit;
* that I will be covered by RSPCA ACT’s voluntary workers’ insurance while on approved RSPCA ACT volunteer duties;
* I acknowledge and accept that any pre-existing medical conditions will not be covered by RSPCA ACT’s insurance;
* that I will be subject to the supervision of paid staff and supervising volunteers of RSPCA ACT;
* that the terms and conditions of this Volunteer Agreement apply even if I am engaged as an employee for RSPCA ACT as well as a volunteer;
* that if I am provided with access to information considered confidential by RSPCA ACT (or which is obviously so) I will not use or disclose any of the information to anyone without clear consent from management;
* that I will not remove any property, including electronic information (for example logos) without clear, written consent from management.
* that I will inform RSPCA ACT immediately if any health issues or otherwise arise which could affect my ability to continue to volunteer.

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| Signature |  |
| Date |  |

**Volunteer Photo and Video Release**

**Permission to use photographs and video footage**

Please complete this section of the form if you consent to any photographs and video footage taken of you to be used by RSPCA ACT.

* I grant to RSPCA ACT, its representatives, volunteers and employees the right to take photographs and video footage of me and my property in connection with the volunteering program.
* I authorise RSPCA ACT, to copyright, use, publish and display the same in print and electronically.

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| Name | Signature |
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