

VOLUNTEER EMPLOYMENT AGREEMENT

<i>This Agreement is between</i>	<i>(Volunteers full legal name)</i>
<i>and</i>	Alzheimers Society Tauranga/WBOP Incorporated <i>(Alzheimers Tauranga/WBOP)</i>

<i>The Volunteer will:</i>	<p>The volunteer agrees to take on assigned tasks on a voluntary basis, at their own free will, without remuneration. The volunteer understands this agreement is not intended to create an employment relationship now or in the future.</p> <p>Consent to a full police check request prior to engaging in client contact.</p> <p>Become a <i>Dementia Friend</i> within two months of enrolment.</p> <p>Attend a minimum of two training and/or refresher courses per year.</p> <p>Show understanding, flexibility, compassion, patience, and empathy towards those living with dementia and their family and Whanau.</p> <p>Hold a current basic First Aid certificate and keep it current</p> <p>Adhere to Alzheimers Tauranga/WBOP's policies and procedures.</p> <p>Comply with Code of Practice for Volunteers (refer below)</p> <p>Provide support to people living with dementia ensuring all individuals are treated with respect and dignity at all times.</p> <p>Act in a safe manner for all client's health and wellbeing including government Covid -19 guidelines and restrictions when in force. This includes up to date vaccinations as in accordance with Government protocols.</p> <p>Ensure client confidentiality is always maintained including after resigning from volunteering services for our organisation.</p> <p>Work positively within teams and with vulnerable service users</p> <p>Immediately notify Alzheimers Tauranga/WBOP of any issues or concerns with clients as and when they arise.</p> <p>One on one Befriender volunteers must complete and return <i>Client Monthly Progress Notes</i> to the volunteer coordinator by 5th of the month following the reporting period.</p> <p>If using vehicle in any capacity in volunteer role, the volunteer must have a full and current driver licence. The vehicle must have a current warrant fitness and current vehicle registration.</p>
<i>The Volunteer Coordinator will:</i>	<p>Provide support to the volunteer as required.</p> <p>Provide a free Annual Training Schedule to the volunteer.</p> <p>Provide a formal review at the completion of three months of volunteering.</p> <p>Provide a formal six-week review following a <i>Befriender</i> match.</p>
<i>Alzheimers Tauranga/WBOP provides procedures and processes for resolving relationship or volunteer related issues</i>	<p>A complaints procedure is available upon request.</p> <p>Complaints can be made by phone or in writing to the Volunteer Coordinator or General Manager in the first instance.</p> <p>If still unresolved, the matter can be taken to Alzheimers Tauranga/WBOP Board of Directors by contacting the current chairperson.</p> <p>Outcomes of all investigation will be documented, and the complainants will be informed in writing.</p> <p>If you feel your complaint has not been addressed to your satisfaction you may contact the Health & Disability Commissioner 0800 11 22 33.</p>

<p>Confidentiality</p>	<p>During your volunteer duties/work you may be exposed to written and verbal information, including electronic information and casual conversation. Much of this information will be of a confidential or sensitive nature.</p> <p>“Confidential information” means any information: relating to the business affairs the Society; or covered by the provisions of the Privacy Act 2020 including personal information that has been shared or be made known to about/from clients/carers or other volunteers, or disclosed by the Society to you on a confidential basis; or which might reasonably be expected to be confidential in nature.</p> <p>You agree, by signing this agreement, that you will at no time, during or after your term of employment as a volunteer, disclose or divulge to any person or organisation any such confidential information gained in your role with Alzheimers Tauranga/WBOP concerning the affairs of Alzheimers Tauranga/WBOP, families and people living with dementia.</p> <p>Violation of this agreement by the volunteer will entitle Alzheimers Tauranga/WBOP to undertake legal action.</p> <p>I fully understand any breach of confidentiality could result in disciplinary action.</p>
<p>Code of Practice</p>	<p>To promote excellence in service and maximize the quality of my experience as a volunteer, I will:</p> <ul style="list-style-type: none"> Seek work opportunities appropriate to my skills, interest and aspirations Carry out all work I agree to do responsibly and ethically Be committed to give high quality service Speak out about any concerns that might affect my work relationships or quality of service See myself as a valued team member with the right to contribute to decisions which affect my work
<p>Declaration</p>	<p>I declare that before signing this agreement <i>this document has been fully explained to me</i> <i>I have been supplied supporting documents to the agreement</i> <i>I have read and fully understood the conditions above</i> <i>I accept the conditions and obligations of a Client contact volunteer</i></p>
<p>Signature</p>	<p>(Volunteer)</p>
<p>Agreement date</p>	<p>___ / ___ / ___ DD / MM / YYYY</p>
<p>Signature</p>	<p>(Volunteer Coordinator)</p>
<p>Agreement date</p>	<p>___ / ___ / ___ DD / MM / YYYY</p>