



Noah's Ark Children's Hospice
3 Beauchamp Place
Victors Way
Barnet
EN5 5TZ
Tel : 020 8449 8877

UPDATED Volunteer and Family Agreement

We are now able to offer you support from a Home Support Volunteer. The followings points outline information relating to your Home Support.

Information for Both Parties

1) Details of support

Child's Name:

Volunteer's Name:

Introductory Visit:

Volunteer role that has been agreed:

Frequency:

2) Volunteers must never have sole responsibility for a child or young person with medical needs. In addition, volunteers must not undertake the following activities:

- Administering medication
- Personal Care
- Lifting
- Withdrawing money, signing cheques and other general financial help

3) Please give us as much notice as possible if you need to cancel or rearrange a visit by calling:

020 8449 8877 (Mon – Fri, 09:00 – 17:30)

020 8447 7653 (out of normal office hours) – **this number is only to be used to change arrangements at short notice**

4) If you, the volunteer or Noah's Ark family member, have an infectious illness please let us know as soon as possible. In some circumstances, illness may result in visits being cancelled to prevent cross infection.

5) Any changes to the agreed volunteer role or additional activities must be discussed and arranged with the Home Support Volunteer Co-ordinator prior to commencement; failure to do so may result in Noah's Ark ending the volunteer placement.

6) If arrangements are frequently cancelled, the service will be reviewed as it may not be meeting current needs or availability.

7) Noah's Ark agrees to reimburse any out of pocket expenses incurred by the Volunteer (e.g. mileage, refreshments, entrance fees etc). We do ask that family members are able to pay their own entrance fees, refreshments etc during outings and excursions.

8) We have a legal and professional duty to refer any Child Protection concerns to Social Care.

9) Your Home Support will be reviewed at regular intervals.

Information for the Noah's Ark Family

1) The Home Support Volunteer is asked to complete a Support Record of their visits. This information will be kept on our database and is treated with strict confidentiality, in accordance with the Data Protection Act 1998 and our own Information Management & Confidentiality Policy and Procedure. Support Records are available on request.

2) We welcome feedback from Noah's Ark families. If you have either compliments or complaints relating to the service you receive: please contact the Home Support Volunteer Coordinator on the above numbers. Should you wish to make a formal complaint please request a copy of the Noah's Ark Complaints Policy and Procedure.

3) Please ensure your HSV has access to a kettle and water to drink. Toilet and hand washing facilities should also be available, including soap and clean towels.

4) It is Noah's Ark policy that Home Support Volunteers are asked not to accept gifts.

Overview of Risk Assessments for this role(s)

Hazard / Risk	Action:
Slips / trips / falls	FSV to be aware of slip / trip hazards and move objects where possible. FSV to tidy up any items used at end of visit
Lifting	FSV to take all reasonable steps to ensure good working posture and not to lift or carry heavy objects.
Equipment	FSV to ensure toys / play / craft /activity equipment is safe to use and used appropriately.
Fire	Home environment has been Risk Assessed. FSV to ensure they know of emergency exits in the event of a fire.
Unexpected circumstances	To be reported to Home Support Volunteer Coordinator / Family Support Volunteer Manager at earliest opportunity.

This Volunteer and Family Agreement is binding in honour only; it is not intended to be a legally binding contract and may be cancelled at any time at the discretion of either party or of Noah's Ark. No party intends any employment relationship to be created either now or at any time in the future.

Parent/Guardian Commitment:

I am happy with the Volunteer Role and Agreement as detailed above. I understand that, as primary carer, I am ultimately responsible for the supervision and wellbeing of all family members during the Volunteer's session, inclusive of the decision to delegate tasks to the Volunteer.

Signed.....

Name.....

Date.....

Home Support Volunteer Commitment:

I agree to perform my volunteering role to the best of my ability, to stay within the boundaries of the Volunteer Role as detailed above and not to take any unnecessary risks.

Signed (first name).....

First Name.....

Date.....