SAFEGUARDING FORM A part 2
VOLUNTEER AGREEMENT – INCLUDING ROLE OUTLINE

The Methodist Church
Bolton & Rochdale District

Church Councils must agree the duties and conditions with each volunteer.
Complete this form for each group you wish the volunteer to work with. This agreement should also be reviewed at least annually. Copies should be held by the group leader, the church council and the volunteer.

To be completed on behalf of the church council (or other appointing body) with the volunteer

Church:	
Circuit:	

Name of Worker:

Name of Group/Club:
Eg. Junior Church/Luncheon Club for Disabled People

Location of Meeting:

Day and Time:

Frequency:

Age range of Children and Young People under 18/description of vulnerabilities

Person to whom directly responsible/supervising [e.g. Youth Group Leader/Church Community Worker/Minister]:

The appointing body to whom the group is responsible (eg Church Council)

Work to be undertaken (5-10 points describing the duties and responsibilities in this role)

What training is needed or planned this year

When is the training to take place (usually within a year)

Who is responsible for arranging the training (ensuring it takes place)?

Date/month when this role description is to be reviewed *(ie toward the middle and end of a probationary period and then annually)*

Training and review planning

What training is now required?
Eg Core Training, Spectrum, Creating Safer Space, Vulnerable Adults

Further Training (please give details)

Contact you District Safeguarding Officer or DMLN Contact for details of training opportunities. Your minister or circuit steward will be able to provide their contact details

Signed: [on behalf of the Church Council or other appointing body] Date:

To be completed by the worker with children/young people/adults

I have understood the nature of the work I am to do with children/young people/vulnerable adults. I have read the guidelines produced by the Church for safeguarding children and young people/vulnerable adults. I understand that it is my duty to protect the children, young people and vulnerable adults with whom I come into contact. I know what action to take if abuse is discovered or disclosed.

Signed: Date:

A COPY OF THIS FORM WILL BE RETAINED IN A SECURE AND CONFIDENTIAL MANNER BY THE METHODIST CHURCH

NB All information will be held in accordance with the Data Protection Act 1998

Form A – Part 1 Registration form and Form X Confidential Declaration must also be completed