Cerebral Palsy Sport Volunteer Agreement Form

NAME OF VOLUNTEER: ________________________________
(coach/team manager/official):

All volunteers / coaches/team managers/officials working with Cerebral Palsy Sport are encouraged to conduct themselves with high standards and adopt recognised best practice where possible. In addition to their own standards of practice, all team members/team managers/officials should be aware of and adopt Cerebral Palsy Sport’s own:

- Codes of conduct for coaches/team managers/officials.
- Child protection policy and procedures
- Equity and safety policy statement and guidelines.

Cerebral Palsy Sport will ensure that its volunteers / team members/team managers/officials have a copy of each policy and guidance note that is relevant to their work. The organisation will listen to and respond to matters that its team members, volunteers or officials bring to its attention in relation to their work and will support, where possible, their training needs.

I, ________________________________, am familiar with Cerebral Palsy Sport’s standards of practice named above and will adopt these in my work. I accept the responsibilities outlined in the attached task description.

Signed: ___________________________  Date: ___________________________

Name: ________________________________________________________________

N.B. Before a volunteer signs and returns the agreement you should provide him/her with copies of all/some of the following:

- Codes of conduct.
- Equity policy statement.
- Safeguarding Policy and Procedures.

When completed, please email this form to info@cpsport.org