

**Devon Memory Café Consortium (DMCC) 'Information Leaflet'.
A (DMCC) example of a Volunteer Induction Pack and Documents.**

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| <u>Content and advice re assembly of Induction Pack</u> | Page 1 |
| (Part 1) Volunteer registration form | Page 2 |
| (Part 2) Volunteer agreement form | Page 3 |
| (Part 3) Induction Pack Check List | Page 4 |

Please Note

For actual forms please download only pages 2 and 3.

Advice regarding the Assembly /Content of Induction Pack.

The induction pack is an important document and should be nicely presented in a single package e.g. a folder. It will form the point of reference for a new volunteer. Information leaflets can be enclosed along with the essential documents such as the volunteer agreement, role outlines etc. Should a volunteer undertake training and be given a certificate, it is recommended that they add this to their pack. A useful addition to the volunteer pack is a copy of 'Dementia Carers Pathways'.



A (DMCC) guide to inducting Memory Cafe Volunteers.
(Part 1)
Volunteer registration form

| | |
|--|------|
| Name of Memory Café | |
| Date | |
| Full name of volunteer | |
| How do they like to be addressed | |
| Contact details of volunteer Address | |
| Telephone Number Email address Which of above is preferred as primary contact point | |
| Person to contact in an emergency | |
| Telephone Number | |
| Have you had any experience of dementia | |
| Have you had any training in Dementia Awareness / First Aid / Food hygiene / Health and Safety | |
| Please tell us a little about yourself. e.g your experience / hobbies | |
| Miscellaneous Information you may like to tell us | |
| Signed by volunteer. | Date |
| Signed on behalf of Memory Café Print name | |
| Sign | |

A (DMCC) guide to inducting Memory Café Volunteers.

(Part 2)

Volunteer agreement form

This Volunteer Agreement demonstrates how we value our volunteers. We are dedicated to ensuring that you have a quality volunteering experience which is both productive and rewarding.

We want to assure you that we appreciate your contribution to our organisation.

We are pleased to accept the volunteering services of (Name) _____

Beginning on (date) _____

The volunteer agrees to attend at hours to be arranged. (May be flexible to suit both parties).

The Memory Café meets weekly / fortnightly / monthly / Days of week M. T. W. Th. F. S.

The volunteer role is _____

You will be supervised by _____

..... Memory Café Organisation commits to the following:

- To provide adequate information and training so you may meet the expectations as described in your volunteer role description.
- To allow for a six-week trial period.
- To explain what is required of you and to support and provide encouragement to help you achieve the desired results.
- To assign you with a named supervisor who will provide you with regular support and supervision meetings and act as a 'go to' person.
- To treat you with respect and courtesy at all times.
- To be receptive to any comments and feedback from all our volunteers.
- To value and recognise our volunteers as a significant resource in achieving the goals of our Memory Café organisation.

The Volunteer agrees to the following:

- To fulfil my role as outlined in the attached volunteer role description.
- To perform my volunteer role to the best of my ability.
- To follow the organisation's policies and procedures.
- To meet time and task commitments and to provide sufficient notice when not available.
- To act in a way that is in line with the aims and objectives of the organisation enhancing the work of the organisation.

Agreed to by:

Organisation's Signature _____ Date _____

Volunteer Signature _____

This volunteer agreement is binding in honour only, and is not intended to be a legally binding contract between the volunteer and the organisation.

Neither party intends any employment relationship to be created now or at any time in the future.

This agreement may be cancelled, in writing, at any time at the discretion of either party.



A (DMCC) guide to inducting Memory Cafe Volunteers.
(Part 3)

Induction Pack Check List

| Name of Memory Café | Induction Pack Check List |
|---|---------------------------|
| Date | |
| Full name of volunteer | |
| Has the volunteer signed a Volunteer registration form? | Yes / No |
| Has the volunteer received copy of their role description? | Yes / No |
| Has the volunteer received a volunteer agreement? | Yes / No |
| Has the volunteer been informed of training opportunities? | Yes / No |
| Has the volunteer undertaken any previous training? If yes please circle subject. First Aid / Health and Safety / Food Hygiene / Dementia Awareness / Other Subject | Yes / No |
| Notes:- | |
| Has the volunteer received detail of insurance cover? | Yes / No |
| Has the volunteer been advised of expense claim procedure? If yes has the volunteer been given a claim form? | Yes / No Yes / No |
| Has the volunteer been made aware of the Memory Café Policies regarding confidentiality? | Yes / No |
| Has the volunteer been made aware of the restrictions around The giving of one to one care? | Yes / No |
| Has the volunteer been informed of 'problem or grievance' procedures? | Yes / No |
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| | |
| Signed on behalf of Memory Café Print name | |
| Sign | |