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**Covid vaccination volunteer agreement**

**Name:**

**Contact details** – address; telephone number and email:

Please tell us here, briefly about any relevant experience or skills you feel may be useful:

Please sign below (electronically) to show that you have read and understood the following. You can also print and scan, or send us an email to confirm that you have read and agreed this.

I have been given and read the role description and agree to the role including:

* + - wearing a mask for the duration of each session,
    - treating any information in confidence
    - maintaining Covid-secure practices, ie regular sanitising and distancing

I also understand that the sessions at Herringthorpe will be out of doors, and will wear appropriate clothing if I attend these.

I will avoid getting involved in medical discussions.

If patients need help I will direct them to one of the medical staff present.

I will report to and follow the directions of the nurse in change on the day.

I will maintain Covid secure practice during any breaks; for example pouring own drinks and maintaining distance in any break areas.

I note that there some of the venues may have no or limited onsite parking.

Signed ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Out of pocket expenses**

We can pay a flat rate of £5 to cover out of pocket expenses by prior agreement. This is to cover any travel and refreshment costs you incur; and would be paid monthly on request using an online form. You would receive payment via cheque.

Will you need to claim any out of pocket expenses? YES NO

***Return this form by email to*** [**roccg.rothhealthvolunteers@nhs.net**](mailto:roccg.rothhealthvolunteers@nhs.net)