**Volunteer Digital Story Program Aged Care 2022**

**Agreement**

**Between**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Volunteer)

**And**

Swinburne Psychology Clinic, Swinburne University of Technology

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Volunteer)

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address of Volunteer)

**In undertaking to be a Volunteer in the Volunteer Digital Story Program (Aged Care), I hereby agree to:**

* Visit a designated resident in an aged care facility, once per week initially then by arrangement, for the purposes of friendship, companionship and making a digital story **not** to act as a counsellor or medical advisor. Mandatory obligation.
* Be reliable and on time.
* Maintain a neat, tidy appearance and appropriate to an aged care facility.
* Wear the appropriate identification provided at all times.
* Respect the rights of residents including confidentiality, privacy and dignity.
* Exercise a duty of care at all times. Duty of care is using common sense and exercising reasonable caution in any activities undertaken with the resident. Follow hand washing procedures at all times.
* Immediately inform the nurse unit manager, or lifestyle manager (or equivalent) if you have issues of concern regarding the resident on the same day for action.
* Inform the Swinburne coordinator if experiencing any difficulties with visiting.
* Notify the Facility coordinator of any accident or incident that occurs whilst I am visiting.
* Notify both the Facility coordinator and Swinburne coordinator if I intend to cease involvement on a temporary or permanent basis.
* Undertake training as requested by attending Friday afternoon zoom training, supervision and support with **camera on** Mandatory obligation.
* Value, respect and support other team members.
* Carry out the work responsibly and ethically.
* Sign the volunteer register at each visit.
* No Food or Alcohol to be taken to the facility.

**I understand that as a Volunteer in this program, I will NOT:**

* Monitor standards provided at the Residential Aged Care Facility.
* Be involved in investigating or following up complaints by a resident.
* Displace relationships between the resident, family, staff or other relationships.
* Have access to the resident’s care or personal records, become involved in the financial affairs of the resident, handle money of any amounts for residents or make any purchases for the residents, sign anything for residents (including Wills).
* Accept monetary or expensive gifts or give the impression that gratuities are expected.
* Take alcohol into the facility.
* Provide nursing or medical care to the resident including picking them up if they fall or giving them medication including over the counter (such as Panadol etc.).
* Interfere with the day-to-day running of the aged care facility. When treatment/medication is required check to see if I need to leave the room.
* You may receive confidential information concerning your resident, staff member or another volunteer. It is a legal requirement that this information remain confidential. You can however disclose this information (concern or issue) to the Swinburne Coordinator only.
* Replace lifestyle activities or any staff in aged care homes, until the Digital Story Program has finished.

I further agree to inform the Psychology Volunteer Program Coordinator in writing of any change of status in regard to my National Criminal History Record Check (generally referred to as a ‘police check’) of any criminal charge or conviction.

**In signing this Agreement Form, I agree to abide by the conditions outlined and understand that my role as Swinburne volunteer may be revoked if I am unable to meet these conditions.**

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

(Volunteer)

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

(Swinburne Psychology Volunteer Coordinator)

**Please note:**

**Two copies of the Agreement Form are to be signed; one will be retained by the volunteer and the other by the Psychology Volunteer Program (Aged Care) Coordinator - Rebecca Collins**

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