VOLUNTEER AGREEMENT

First name: [OBJ] Last name:

Date of birth: [OBJ] Passport No:

Home address:

Home phone: [OBJ] Mobile phone:

Email:

Medical or other relevant qualifications (Course/Institution/Year):

Present position:

Work address & telephone No:

_____

We hope you enjoy the experience of teaching the Primary Trauma Care course, or assisting the Foundation in another way, and that it will also be of use in your future work wherever it may be.

Please read the following and associated policies and protocols. Sign below to indicate your consent.

Purpose of the courses
Life+Limb exists to build the capacity of health professionals in Low- and Middle-Income Countries (LMICs) to manage severely injured patients so that the rates of death and disability are reduced. We strive to work efficiently in all our support functions so that the maximum possible benefit accrues to the people we serve around the world. In working with us, you agree to uphold this goal.

Code of Conduct
Please refer to our Code of Conduct document. We have the expectation that you adhere to this at all times.

Safeguarding of children and vulnerable adults
Please refer to our Safeguarding Policy. We have the expectation that you adhere to this at all times.

Data Protection
Please refer to our Data Protection Policy. We have the expectation that you adhere to this at all times.

Photography
During your voluntary service we may take photographs and videos of you and use them in our reports, our website or other publications to promote effective primary trauma care. Images of other

The Primary Trauma Care Foundation | www.primarytraumacare.org
Charity number: 1116071
Life+Limb c/o McGlone Wardzynski , The Halo Trust, Progress Way,
Binley Industrial Estate, Coventry CV3 2NT

For enquiries please email: admin@primarytraumacare.org

people can only be used with their informed consent.

Kidnap and Ransom
In the event where you choose to practice in an unstable environment, you do so at your own risk. In the unlikely event of kidnap, neither Life+Limb nor any of its associated bodies or donors take responsibility and will not pay any type of ransom.

Force Majeure
In the case of a natural or unavoidable catastrophe which interrupts the expected course of events, Life+Limb will do all in its power to assist but cannot provide any compensation or assistance beyond the requirements of its own insurance policies.

Insurance
You must ensure that you have your own travel insurance that will cover your trip and the place you are going to – by signing this form you are confirming that you have this in place. Life+Limb is insured worldwide for Public Liability, though we must all exercise due diligence in matters such as health and safety. **Note for medical practitioners:** *We assume that you already have your own professional insurance* for medical indemnity and by signing this agreement you confirm that you are fully covered for the duration of your volunteer service against any claim for damages arising from any act or omission amounting to negligence, statutory breach or failure of your professional duty. Please also arrange your own vaccinations and antimalarials for the countries you will be visiting.

Learning and follow-up
In order to measure how this course helps to change the way trauma is managed, we may follow up course participants and selected instructors 6-24 months after the course and we may ask you a few questions about what you have taught and learned yourself. We hope this will improve the way trauma is managed and identify ways to keep the courses relevant.

I give my consent to serve as a volunteer and I agree to respect and uphold the policies and protocols described in both pages of this Volunteer Agreement.

Signature: …… Date: ……