

Project checklist

Date: / /

Name & Role:

Org. Name:

EQUAL OPPORTUNITIES

Do you have:

1. Equal Opps. and diversity Policy?*

Yes:

No:

Details:

INDUCTION.

Do you have:

2. An Induction Plan?*

Yes:

No:

Details:

TRAINING.

3. Please Describe the training offered to your volunteers including dates and requirements where relevant:

4. Who is the specified supervisor responsible for volunteers?

5. What form does your supervision take, and how regular is it?

EXPENSES.

Do you provide:

6. Out of Pocket Only: 7. O-of-P & Other Reimbursements (ie: Childcare)

8. Please detail any other benefits volunteers can access (ie: free crèche/food etc.)

SCREENING.

Do you:

9. Police Check?* Yes: No:
10. Seek References? Yes: No:

Details: _____

Complaints procedure.

Do you have a complaints procedure and policy?

Yes: _____ No: _____

I confirm that the details I have given are accurate at this time, and that I shall inform Brighton and Hove Volunteers immediately if there are any changes:

Name:	<input type="text"/>	Title:	<input type="text"/>
On Behalf of:	<input type="text"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/>

For Brighton & Hove Millennium Volunteers:

Name:	<input type="text"/>	Title:	<input type="text"/>
Signed:	<input type="text"/>	Date:	<input type="text"/>