



Roots to Fruit Midlands Ltd. Therapy Volunteer Agreement

I am signing to say that I have read, understood, and agree with the:

- The site/activity risk assessment.
- The COVID 19 Risk Assessment.
- The Volunteer handbook.
- The plan of the nursery including restricted areas, fire assembly point and first aid station.

I am also signing to show that:

- I understand that I am responsible for my own health and safety and any visitors I choose to bring to the site.
- I understand that as a therapy volunteer, I must be considered 'safe' to work with children and vulnerable adults.
- I understand that I must provide a valid DBS certificate number for Roots to Fruit Midlands to see.
- I understand that I must enforce the group to carry out covid precautions including social distancing, hand sanitation, remaining outdoors and restricting group sizes to 10 people.

Therapy Volunteers Name	Signature	Date

Please send an electronic copy of this signed agreement to rootstofruitmidlands@gmail.com