**Mentors’ & Chaplains' Acknowledgement and Agreement**

By signing below, I ……………………………………………., acknowledge that I

|  |  |  |
| --- | --- | --- |
| 1. have received, read and accept the responsibilities of my Role Description | | **** |
| 1. have received, read and accept the Code of Conduct | | **** |
| 1. have received, read and accepted the responsibilities as outlined in the Mentor’s and Chaplain’s Policy | | **** |
| 1. have received, read and accepted the following policies: | |  |
| * Child &Youth Protection Policy | | **** |
| * Complaints Policy (to be developed) | |  |
| * Duty of Care/ Health and Safety Policy (to be developed) | |  |
| * Privacy Policy (to be developed) | |  |
| * Reimbursement Policy (to be developed) | |  |
| 1. accept the invitation from ……………………………………to be a Mentor with   …………………………………………………….. | | |
| 1. agree to fulfill my role as Mentor until ………………………or such time as the AYCW may determine. | | |
| ……………………………………………  **Signature of Mentor/ Chaplain**  ...........................................................  Role Description | | ……………………………………………  Date | | |

Please return your completed form by email or post to:

Attn: Elizabeth McFarlane

AYCW National President

25 Union St Granville, NSW, 2142

Phone: 96826719

Email: [elizabeth.mcfarlane@ycw.org.au](mailto:elizabeth.mcfarlane@ycw.org.au)