**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