



Volunteer Fundraising Deed Agreement

This is the volunteer fundraising deed agreement between:

Southampton Hospital Charity (Registered Charity Number: 1051543)

Mailpoint 135, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD

and the Volunteer Organiser (VO)

PERSONAL DETAILS:

Title: **First Name:** **Surname:**

Address:

..... **Postcode:**

Telephone: **Email:**

Is this a corporate event? If so what is the name of your company:

What is your main reason for supporting Southampton Hospital Charity?

- I have been or an a patient at the hospital.
- I have a close friend or relative who has been or is a patient at the hospital.
- I enjoy fundraising.
- I enjoy this type of activity.

ABOUT YOUR FUNDRAISING:

What is your fundraising activity?

Name of event: **Date of event:**/...../.....

The VO is fundraising in aid of Southampton Hospital Charity

Please state the area/s of the hospital you would like to support, if appropriate)

DECLARATION:

The VO undertakes with the charity that it shall:

1. Ensure all promotional literature, tickets, receipts, advertising etc. state that it is raising money: In aid of Southampton Hospital Charity - Registered Charity No. 1051543.
2. Create and manage the design artwork for the event, but only with prior approval from the charity.
3. Be responsible for the promotion, marketing, ticket sales and organisation of the event.
4. Pay all monies due to the charity from time to time into a separate bank account in the VO's name and marked "Southampton Hospital Charity Account" (The charity recommends that a community bank account is opened for the event, rather than a personal account).
5. Ensure that monies are counted in the presence of one other.
6. Keep separate, legible and detailed books of account and records relating to the event.
7. Be responsible for arranging own insurance cover for the event (if applicable).
8. Organise fundraising events efficiently and safely. Southampton Hospital Charity cannot accept any responsibility for the event nor for anyone who participates in it.
9. Conduct a risk assessment to ensure that proper plans are in place for the safety of participants. The Health and Safety Executive has further information (www.hse.gov.uk).
10. Obtain a Temporary Event Licence if necessary. A Temporary Event Licence is required for all forms of entertainment e.g. sale/provision of alcohol, provision of food or drink, performance of live music, any playing of recorded music, performance of a play, indoor sporting event (a full list of licensable activities can be supplied by your local council).
11. Not use any of the funds raised to employ, or provide remuneration, to anyone who may be involved in the Fundraising activity.



TERMINATION:

The charity shall be entitled to terminate this agreement forthwith if:

1. The VO fails to pay any sum due to the charity after the due date and the charity has given the VO 30 days written notice requiring it to pay and the VO has failed to pay in the 30 day period.
2. The VO does anything which in the reasonable opinion of the charity brings its name, logo or reputation of the charity into disrepute.

If the charity terminates this agreement the VO will no longer be authorised to use the charity name or logo.

Indemnity

The VO agrees to indemnify the charity in respect of any costs, claims, loss or liability whatsoever suffered by the charity (including reasonable legal costs and disbursements) as a result of any breach by VO of any of the terms of this agreement.

General

No amendment or addition to this agreement shall be made unless made in writing and executed by the parties

This agreement shall be governed by the laws of England and Wales.

Neither party shall be liable for any breach of any term of this agreement that is the result of any clause beyond the reasonable control of the party in breach.

Southampton Hospital Charity does not take responsibility for any money raised through the VO's fundraising event until it is received in the Hospitals Charity office.

Name of volunteer organiser

Signature: Date:/...../.....

I confirm that the above named Volunteer Organiser is officially fundraising in aid of Southampton Hospital Charity – registered charity no. 1051543 .

Name of Southampton Hospital Charity Staff Member (or their nominated representative)

Printed Name: Signature:

Date:/...../.....

THANK YOU FOR YOUR SUPPORT



Southampton Hospital Charity
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www.southamptonhospitalcharity.org