* CWI
* Workers
* Individuals
* NAVA
* EDIT
* Lions
* Fonterra

**Volunteer Roles and Program Philosophy**

Local residents volunteering their time and energy to the district, provide public awareness and support to the district and foster a quality of life and well-being in our community. The role of a volunteer is to augment, not replace, paid staff positions.

Our goal is to utilise the skills and interests of volunteers to enhance the services provided to the community in support of the district’s vision while giving the volunteers a meaningful work experience.

As a Recovery volunteer you will represent the Recovery team at all times during your volunteer service. It is your responsibility to be courteous in your contacts with the public and perform your duties promptly and in a safe, reliable manner.

A volunteer is defined as ‘a person that performs work for us without expectation of gain or reward; with our knowledge and consent that is a normal part of our businesses.’

**Orientation and Volunteer Duties**

As a new volunteer you will receive some information from us to help integrate you as a valuable team member, including a list of volunteer duties / job description. Your program overview and orientation will include the following information:

* 1. Signing the Volunteer Agreement [See Appendix A].
  2. Work induction (including training and information required)
  3. Health & Safety information - known hazards, accident/incident and hazards reporting, evacuation procedures, safe operating procedures.
  4. Reviewing the job duties and risks associated with the project or program
  5. Introducing you to staff
  6. Supplying personal protective equipment, if needed
  7. Reviewing work schedule, lunch period and breaks, toilet facilities, parking and transportation
  8. Providing equipment where necessary (these must be signed in/out)

**Background Checks**

Due to the sensitive nature of some volunteer positions, you may be required to undergo a criminal history background check to volunteer. These positions include, but are not limited to those with unsupervised accessibility to minors or individuals with disabilities, as well as those positions involving sensitive and/or confidential information.

The background check may consist of a Criminal Records Check or Reference Check. Individuals that are interested in volunteering for sensitive positions that refuse to comply with this request or fail to meet the standard of the background checks will not be permitted to volunteer.

**Hours of Service and Break Periods**

Starting, finishing, and meal and break times vary according to the needs of a particular project/programme. Volunteers are expected to report to their assignments on time each service day and to be available until their designated ending time.

Volunteers must sign timesheets each day through their Volunteer Team Leader.

**WDC Policies, Procedures, Rules, and Regulations**

As a volunteer you are expected to follow WDC policies, procedures, regulations and rules. These include, but are not limited to:

* WDC Policy and Procedures Manual
* Drug and Alcohol Policy
* Vehicle Policy
* Media Policy

**Health & Safety**

The safety of volunteers, employees and the general public is of primary importance to the WDC Recovery team. The WDC Recovery team complies with all applicable laws related to safety.

Volunteers are not only expected to adhere to safe operating instructions but are also encouraged to provide their ideas and expertise to continuously improve WDC’s H&S practices. All volunteers shall continuously promote safety awareness and maintain property and equipment in a safe operating condition.

For detailed information regarding the Whakatāne District Council’s safety requirements, specifications and procedures, volunteers are asked to contact their Volunteer Coordinator.

**Social Media**

When posting to personal social media, if a volunteer speaks about volunteer-related content or makes reference to WDC, people may perceive the individual to be talking on behalf of the WDC.

If the volunteer is not acting in an official and/or authorised capacity, the volunteer shall use a disclaimer and make it clear that the views are not necessarily reflective of the views of the WDC Recovery team. An example of such disclaimer is “The views, opinions, ideas, and information expressed on this site are my own and none reflect the views of, or are in any way attributable to the “Whakatāne District Council Recovery team.”

**End of Service and Return of WDC Property**

All WDC property shall be returned at or before the end of your volunteer assignment, including but not limited to:

1. WDC Recovery team uniforms or clothing
2. Cell phones and/or pagers
3. Volunteer identification badges
4. Keys to WDC vehicles and buildings
5. Tools or other equipment
6. Any other WDC property in possession of the volunteer. Failure to return items may result in criminal charges.

**Thank You!**

We would like to thank you for your volunteer service to the WDC Recovery team and hope you have a rewarding experience. Your service is critical in making the Whakatāne district a great place to live, work and play!

***APPENDIX A:***

***RECOVERY PROJECT VOLUNTEER REGISTRATION***

|  |  |
| --- | --- |
| **Volunteer Name** |  |
| **Address** |  |
| **E-mail** |  |
| **Phone number/s** |  |
| **Emergency Contact** | **Name:**  **Address:**  **Phone Number/s:** |
| **Known medical / additional needs** |  |
| **Please state any dates you are unable to work** |  |
| **Can you use tools? If so what tools and do you have the appropriate licence/s?** |  |
| **Do you have Safety Equipment?** | **YES / NO** |
| **Do you have your own transport?** | **YES / NO** |
| **Drivers Licence details** | **D/L number: Class:** |
| **Do you have any criminal convictions? If yes, please outline them here** |  |
| **I understand a background check (Criminal Record/Reference Check) may be carried out** | ***Please tick this box*** |

***AGREEMENT BY VOLUNTEER***

I agree to volunteer my services to the Whakatāne District Council Recovery team in accordance with the following understandings:

1. The hours of the arrangement are flexible and will depend on availability of work.
2. Although it is acknowledged that the volunteer is not an employee, in fairness to others who work within the Council there is an expectation that the volunteer conforms to the standards, policies and procedures of the Council.
3. The volunteer provides their services in order to achieve the purpose of the agreement as outlined in clause 1 and/or their job description. The parties acknowledge that this agreement is not to be considered an employment contract. Except as otherwise expressly agreed, the volunteer has no right to incur any obligations on behalf of the Council.
4. The Council shall own all documents, products, systems and information as well as the copyright therein prepared by the volunteer on the Council’s behalf, including all data and factual information collected by the volunteer as part of carrying out the voluntary agreement.
5. I understand that placement into volunteer positions are at the sole discretion of the Whakatāne District Council. Accordingly, my volunteer assignment/service may be withdrawn or terminated at any time.
6. I understand my job duties and the potential hazards/risks that are involved, if any, for this volunteer position. I understand it is my responsibility to be aware of my physical condition and I will not engage in physical activities that are beyond my capabilities. I will notify my volunteer co-ordinator of any significant change in my ability to do the work. If special skills are required for this project, I acknowledge I have been appropriately informed of the required tasks.
7. I grant the WDC Recovery team permission to use my image in any and all public WDC, advertising, and other materials, including websites and other electronic forms, or any other uses the WDC may deem proper.
8. I understand and agree that the WDC Recovery team is not responsible for any of my personal property that is lost, damaged or stolen while I am participating as a volunteer.
9. If the volunteer is under 18 years of age, a parent/guardian or supervising adult must sign this Agreement.

|  |  |
| --- | --- |
| **Volunteer Signature** |  |
| **Date** |  |
| **Parent/Guardian Signature (Required if under 18)** |  |
| **Parent/Guardian Printed Name Relationship to Volunteer** |  |

***APPENDIX B:***

***REGISTRATION FOR WORK TO BE DONE***

|  |  |
| --- | --- |
| **Name** |  |
| **Address of work site** |  |
| **E-mail** |  |
| **Best Contact Phone number** |  |
| **Work required** |  |
| **Please state any work that requires heavy machinery** |  |
| **Please state any dates that are unsuitable for this work to be carried out** |  |
| **Please outline any hazards on site** |  |

*On submission of this completed form, the Volunteer Coordinator will contact you on the phone number above to determine a suitable date and time for a contractor to come and assess the work required.*

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

***APPENDIX C:*  VOLUNTEER HEALTH AND SAFETY BRIEFING**

The table below highlights the risks you may face on a work site, and how to deal with them. Please report any incidents or near misses to your Volunteer Team Leader.

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Risk** | **Controls** |
| Water and silt contaminated by human waste, chemicals, other waste, sharp objects | Illness through exposure, cuts | * PPE; paper overalls, gloves as required * Wear protective gear * Wash hands, especially before eating * Maintain separation between safe and contaminated zones |
| Slips, trips, holes | Injury | * Good footwear, check terrain, probe ahead if unsure |
| Manual handling, tools, fatigue | Sprain or strain, cuts, serious injury | * Work to your limits, seek help, take breaks * Use 12kg per person as weight limit guide * Make sure you know how to use a tool safely |
| Dead stock/pets | Mental trauma | * Ask for help * Talk to those around you to help unload * Remove yourself from the situation and advise your Volunteer Team Leader |
| Other people | Frustration, grief | * Psychosocial training * Empathy, walk away if feeling threatened |
| Machinery, vehicles and contractors working, including on and adjacent to roads | * Injury, death, work conflict | * Stay outside machine operating range plus a buffer (eg 4m minimum) * Make eye contact with operator when passing or working in area * If temporarily walking or driving within bucket range of excavator/grappler/loader (eg to get past machine on roadside), ensure operator has machine stationary and has acknowledged that s/he knows you are there * Talk to contractor, establish a safe way of working together if possible. Stay clear if not possible |
| Wandering stock/pets | Bites | * Contain if safe to do so. Animals will be stressed and hungry so stay clear. If aggressive, call SPCA |
| Asbestos from building materials including linoleum flooring, textured ceilings and exterior wallboards | Inhalation of particles causing chronic respiratory disease | * DO NOT assist in the removal of lino flooring, textured ceilings or old-style exterior wallboards where asbestos is possible * Ensure old carpets and underlays are damp before handling * If Asbestos is suspected, notify your supervisor and vacate the area * Any suspected Asbestos will be disposed of in the accepted method by WDC |

***Appendix D:* VOLUNTEER INDUCTION CHECKLIST**

This Volunteer Induction Checklist must be completed with the volunteer prior to the commencement of their volunteer assignment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | |
| **Site Supervisor:** |  | | | | |
| **Name of Volunteer:** |  | | | | |
|  | ***Complete*** | ***N/A*** |  | ***Complete*** | ***N/A*** |
| ***Meeting Key People:*** |  |  | ***Tour of Building site:*** |  |  |
| ***Protective Clothing issued (if required):*** |  |  | ***Training in tools/equipment use:*** |  |  |
| ***Hazards/Risks explained and pointed out:*** |  |  | ***Evacuation and Emergency procedures:*** |  |  |
| ***First Aid trained personnel pointed out:*** |  |  | ***Location of First Aid Kit:*** |  |  |
| ***Restricted areas on site outlined:*** |  |  |  |  |  |
| *By signing below the volunteer declares that they have received an induction and are aware of the health & safety hazards/risks associated with the volunteer assignment. The volunteer also acknowledges that they are aware of their duty under the Health & Safety at Work Act to; a) take reasonable care of their own health and safety, b) to ensure that they do not harm others, and, c) to comply with all reasonable instructions.* | | | | | |
| **Signed by Volunteer:** |  | | **Date:** |  | |
| **Signed by Volunteer Coordinator:** |  | | **Date:** |  | |

***Appendix E:* SITE BRIEFING**

|  |  |
| --- | --- |
| **Date:** |  |
| **Property Address:** |  |
| **Site Supervisor:** |  |
|  | |
| **Agenda Items** |  |
| **Health and Safety Issues** |  |
| **Actions outstanding from previous meeting** |  |
| **Site Safety Issues** |  |
| **Contractor Issues** |  |
| **Volunteer Issues** |  |
| **Incident or Injuries** |  |
| **Operational** |  |
| **Any other Business** |  |

***Appendix F:* SITE INCIDENT and INJURY REGISTER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | |  | | | | | |
| **Property Address:** | |  | | | | | |
| **Site Supervisor:** | |  | | | | | |
| **Date** | **Details** | | **Immediate Action** | | **Should this be investigated?** | **Tool box talk** | **Signature / Date** |
|  |  | | First Aid |  |  |  |  |
| Update Hazard Register |  |
|  |  | | First Aid |  |  |  |  |
| Update Hazard Register |  |
|  |  | | First Aid |  |  |  |  |
| Update Hazard Register |  |
|  |  | | First Aid |  |  |  |  |
| Update Hazard Register |  |

***Appendix G:* SITE HAZARD AND RISK REGISTER**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** | |  | | | | |
| **Property Address:** | |  | | | | |
| **Site Supervisor:** | |  | | | | |
| **Date** | **Identified Hazard / Harm** | | **What is the risk assessment** | **Controls** | **Tool box talk**  **Required** | **Signature / Date** |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

***Appendix H:* VOLUNTEER EQUIPMENT LOAN REGISTER**

All equipment loaned to the volunteer by the Whakatāne District Council shall be signed for on this register and returned upon completion of the work.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Issued** | **Name of Volunteer** | **Description of Equipment** | **Volunteer Equipment Sign Out** | **Date Returned** | **Volunteer Equipment Sign In** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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