Community Capital Works Grants

# Volunteer labour kit

To assist you as you to safely and successfully fulfil the volunteer labour requirements of your grant, please refer to the Community Capital Works Grants Terms and Conditions and the templates within this kit.

If at any stage you require further information or wish to discuss your grant, please contact Council’s Community Places Facilitator on 1300 787 624 or email CCWG@cardinia.vic.gov.au

Contents

[Volunteer labour kit 1](#_Toc474327520)

[Site induction for volunteer labour 3](#_Toc474327521)

[Volunteer supervision 3](#_Toc474327522)

[Volunteer Registration form 3](#_Toc474327523)

[Volunteer Register 3](#_Toc474327524)

[When do volunteers require a Construction induction card? 3](#_Toc474327525)

[Does Councils volunteer insurance cover approved volunteers under the Community capital Works Grants program? 3](#_Toc474327526)

[Safe Work Methods Statement 4](#_Toc474327527)

[Volunteer Registration Form 7](#_Toc474327528)

[Volunteer register 9](#_Toc474327529)

## Site induction for volunteer labour

Under the Terms and Conditions of the Community Capital Works Grants project managers are required to provide volunteers a site induction.

The site induction must provide volunteers with Occupational Health and Safety information to assist volunteers to complete their work safely.

The site induction may cover the following topics dependant on the volunteer tasks

* Information on any potential hazards and treatments – these have been identified in a Safe Work Method Statement (SWMS) and should be communicated to volunteers.
* Volunteer fitness for task – outlining volunteers should only complete work they are capable of. This includes outlining if any qualifications are required to perform certain tasks
* Emergency procedures and responsibilities
* General health and wellbeing information – taking breaks, heat health information etc.

## Volunteer supervision

Under the Terms and Conditions of the Community Capital Works Grans program, the nominated Project Manager is responsible for supervising volunteers. The nominated Project Manager is required to be on site with volunteers at all times.

## Volunteer Registration form

All volunteers are required to complete a volunteer registration form which provides detail on who is providing volunteer work and what work they are performing.

A copy of the *Volunteer registration form* is provided in this kit.

## Volunteer Register

Volunteer attendance is recorded on the *Volunteer register*. At the conclusion of works, this is forward to the grants administrator.

A *Volunteer register* template is provided in this kit.

## When do volunteers require a Construction induction card?

Under the Terms and Conditions of the Community Capital Works Grants volunteers are not permitted to enter a construction site unless they hold a construction induction card or are accompanied by a person who holds a construction induction card.

Council will notify the Project Manager if construction induction cards are required onsite and by whom.

## Does Councils volunteer insurance cover approved volunteers under the Community capital Works Grants program?

All volunteer insurance policies are limited. Coverage is usually restricted to some out of pocket expenses and some lost wages. Medical expenses are often not covered.

Council has volunteer insurance coverage for Section 86 committee volunteers.

Volunteers working on projects for committees that are not Section 86 Committees should enquire with the grant recipient regarding volunteer insurance.

## Safe Work Methods Statement

Where volunteer labour is approved as part of the grant, the Project Manager will be required to make contact with a member of Council’s Occupational Health and Safety team to discuss how OHS requirements will be managed and monitored for the project. This will include developing an appropriate ‘Safe work methods statement’.

Contact Councils Occupational Health and Safety Team on 1300 787 624 or email [M.Hewish@cardinia.vic.gov.au](mailto:M.Hewish@cardinia.vic.gov.au)

A Safe Work Methods Statement (SWMS) is to be completed with reference to the tasks volunteers working on your project will be undertaking.

***Steps for filling out***

1. Discuss with Council’s Occupational Health and Safety representatives, what work will be carried out by volunteers, the tasks, and associated hazards, risks and controls.
2. In the ‘What are the tasks involved?’ column, list the work tasks in sequence to how they will be carried out.
3. In the ‘What are the hazards and risks?’ column, list the hazards and risks for each work task.
4. In the ‘How will the hazards and risks be controlled?’ column, select the hazard or risk and then work through the control levels 1–4 from top to bottom. Choose a control measure (and how it is to be used) that is as close to level 1 as is reasonably practicable.

***Control levels***

* **Eliminate** any risk to health or safety associated with construction work.
* **Reduce** the risk to health or safety by one or any combination of the following:
* **Substituting** a new activity, procedure, plant, process or substance
* **Isolating** persons from the hazard, such as barricading, fencing or guard railing, or
* **Using engineering controls,** such as mechanical or electrical devices.
* **Use administrative controls,** such as a policy or procedure.
* **Provide appropriate personal protective equipment**.

1. Brief each team member/volunteer on this SWMS before commencing work. Ensure team/volunteers knows that work is to immediately stop if the SWMS is not being followed.
2. Observe work being carried out. If controls are not adequate, stop the work, review the SWMS, adjust as required and re-brief the team/volunteers.
3. Retain this SWMS on site for the duration of work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Safe Work Method Statement (SWMS) | | | | |
| This SWMS is a site-specific statement that must be prepared before any high-risk construction work commences. | | | | |
| Person responsible for ensuring compliance with this SWMS: | Click here to enter text. | | Date: | Click here to enter a date. |
| Click here to enter text. | | Location: | Click here to enter text. |
| Click here to enter text. | |
| High-risk job: | Click here to enter text. | |
| Click here to enter text. | |
| What are the tasks involved? | | What are the hazards and risks? | How will hazards and risks be controlled? (describe the control measures and how they will be used) | |
| Think about the worksite and each stage of the project, including preparation and clean-up. | | | | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| Safe Work Method Statement (continued) | | | | |
| What are the tasks involved? | | What are the hazards and risks? | How will hazards and risks be controlled? (describe the control measures and how they will be used) | |
| Think about the worksite and each stage of the project, including preparation and clean-up. | | | | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | |

# Volunteer Registration Form

To be completed by all project volunteers and returned to the grants administrator prior to commencing volunteer work.

|  |  |
| --- | --- |
| Name of volunteer | Click here to enter text. |
| E-mail address | Click here to enter text. |
| Phone number | Click here to enter text. |

Undertaking tasks for:Click here to enter text.

*Name of granted project*

The purpose of the granted project recipient group (organisation) for which I am volunteering is:

Click here to enter text.

Cardinia Shire Council acknowledges your offer of services as a volunteer, for the period:

from Click here to enter a date. to Click here to enter a date..

Please list the nature of all tasks you will undertake as a volunteer, during this period:   
Click here to enter text.

The name of the Project Manager is: Click here to enter text.

As a volunteer of the above named group, the following conditions apply:

No payment will be made to you by Council or the group.

Council has public liability insurance that will cover registered volunteers performing approved tasks for a Council Section 86 Committee. This policy is subject to terms and conditions.

Should any injury occur to you while you are acting as a volunteer of the Council/Committee you must notify your Project Manager immediately, or as soon as practicable.

Any incident which occurs in which injury or property damage to other parties must be reported immediately or as soon as practicable to your Project Manager.

All incidents must be recorded and reported to Council as soon as practicable.

Please also note that under the Occupational Health and Safety Act 2004 there is an obligation to report some types of incidents to WorkSafe immediately.

Project Managers need to familiarise themselves with these obligations.

Refer to <https://www.worksafe.vic.gov.au/report-incident-criteria-notifiable-incidents>

Under the terms of the *Occupational Health and Safety Act 2004* and Occupational Health and Safety Regulations 2007, you must follow all established practices, procedures and instructions of the Council/Committee which apply to the tasks you have volunteered to perform.

You are expected to perform the task you have volunteered to perform with all due care, skill and diligence.

Do you have your own transport?  Yes  No

Do you have a current driver’s licence?  Yes No

Do you have Comprehensive Motor Vehicle Insurance Cover?  Yes  No

Do you have any medical condition that may affect your volunteer work?

Yes  No

If yes, please specify:   
Click here to enter text.

I confirm that I have read and understand the abovementioned conditions and the information sheet.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date: Click here to enter a date.

Project Manager: Click here to enter text.  
  
Date: Click here to enter a date.

*Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.*

# Volunteer register

Organisation: Project name:

**Worksite:** **Supervisor:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **NAME** | **TIME IN** | **TASK DESCRIPTION** | **TIME OUT** | **SIGNATURE** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Email completed register to [CCWG@cardinia.vic.gov.au](mailto:CCWG@cardinia.vic.gov.au)