

APPENDIX M – SAMPLE FORMS

Volunteer Emergency Contact Form

As employers, organisations are required to keep up-to-date records of emergency contact details in case of accident or emergencies and the same applies to volunteers. Filling in the form below before the volunteer starts in their new role is the most effective approach in this area.

Name of Volunteer: _____

Address: _____

Postcode: _____

Tel No. _____

Emergency Contact: _____

Relationship: _____

Address: _____

Postcode: _____

Tel No(s). _____

Risk Assessment of Volunteer Role

It is good practice to risk assess all volunteer roles, this should include using the task description for the role to assess any risk to the volunteer or others and enables clear action to alleviate the level of risk.

People possibly affected by activity:

Signed:

Date:

	1	2	3	4
Task				
Hazards				
How Likely is it to happen?				
How Serious could it be?				
Level of risk				
What action(s) will be taken?				

Site Specific Risk Assessment

Site Name: _____

Task			
Date			
Location, inc post code and OS grid reference			
Project leader			
Meeting / access point for emergency Services			
Nearest phone / mobile number	Signal level .. . 1-10		
	Battery level . 1-10		
First Aider(s)			
Location of: First aid kit Spill Kit Fire extinguisher			
Additional hazards not covered by generic risk assessment	Who Might be harmed?	How might they be harmed?	Control measures to put in place to reduce risk to an acceptable level.
Volunteers names			Attending Y/N
Emergency contact (optional)			Tel:

Photography Consent Form

Being the person / parent / guardian / person holding the attorney (delete as appropriate), I agree that photographs can be taken of:

Name (block capitals)

Address

.....

.....

..... Postcode

Telephone

I acknowledge that copyright of the photograph(s) will belong to and remains with the London Borough of Bromley and that the images may be held on file indefinitely. I agree that the images may be used in any form of visual representation and at any time both present and in the future, for example, newspaper articles, leaflets, presentations and LBB owned websites.

Signed Date

Name (block capitals)

Address

.....

.....

..... Postcode

Telephone

For office use

Photographer's name

Address

.....

.....

..... Postcode

Telephone

**GROUP
LOGO**

Health & Safety Policy Statement

This is the statement of Health and Safety Policy for “**NAME OF GROUP**”

Name of Chairman – Chairman has overall and final responsibility for Health and Safety within the Group

Name of committee member(s) - Committee members have responsibility for ensuring this Policy is put into practice

Name of Equipment officer - Equipment officer is responsible for maintaining tools and equipment in a safe condition

Statement of Policy	Responsibility	Action/Arrangements
Prevent accidents and cases of work related ill health by managing the health and safety risks in the work place.	Insert name - Chairman	Relevant risk assessments produced for all tasks to be undertaken. Actions from those risk assessments to be implemented at work session. Risk assessments reviewed when working conditions or tasks change.
Provide clear instruction at the start of each work session and training as required to ensure volunteers are competent to carry out the task.	Insert name - Chairman Insert name - Committee member Insert name - Committee member	All volunteers to be given necessary health and safety induction, and provided with appropriate training for the task to be carried out. Ensure the correct use of PPE where appropriate.
Consult with volunteers on a regular basis on health and safety matters.	Insert name - Committee member Insert name - Committee member	Volunteers to be routinely consulted on health and safety matters as they arise. Any concerns/questions raised, to be checked against the relevant risk assessment and reported to the Groups committee.
Maintain tools and equipment so as to provide a safe and healthy working environment. Ensure safe storage/use of substances.	Insert name - Committee member	System in place for Routine inspections and testing of tools and equipment to ensure health and safety risks are minimised. Ensure prompt action is taken to address any defects found. Any tool waiting repair is clearly labelled “Do Not Use”.
Ensure technical competence is maintained through the provision of refresher training as appropriate i.e. First Aid Training, use of hand tools etc.	All Committee members	Volunteers to be routinely consulted on training needs, outcomes to be communicated to the Friends Forum. Volunteers provided with details of all relevant courses available through the Friends Forum and LBB’s contractor responsible for green space maintenance.

First aid box location	First aid kits are stored in Insert location . When working in either away from the stored location the first aid kits are taken to the work site and stored with the refreshments. If no refreshments are provided they will be stored with the tools.
Accident record book	The accident record book is located in Insert location .
Accident and near miss reporting	In addition to entering any accident or near miss in the accident record book all accidents are notified to the Groups Community Manager at LBB’s contractor responsible for Green space maintenance. Currently this is Insert name of Community Manager .

Signed

Insert name Chairman
Insert date

Insert name Committee member
Insert date

Insert name Committee member
Insert date