

Grendon Parish Council

Volunteers Policy

1. Introduction

This policy sets out the principles for voluntary involvement in activities authorised by Grendon Parish Council. The council acknowledges that volunteers contribute in many ways, and that volunteering can benefit the council, local communities and the volunteers themselves. The Parish Council very much encourages people to volunteer but has a duty to ensure that volunteers are safe. This also means that all are then covered by the parish council insurance in case of an accident.

This policy applies to volunteers working on behalf of the parish council, not those employed by the council or members of the council.

Volunteers shall be required to note that only volunteer work that has been authorised by the council will be covered by the council's insurance.

The council will ask all volunteers to complete a volunteer database form (Appendix 1) that records volunteers and some basic contact details. This will be stored in accordance with the council's GDPR policies.

2. Volunteer activity

2.1 Volunteers must inform the event supervisor (The Parish Clerk or a Councillor who serves on a committee that has authorised the work) of work they intend to carry out before commencing such work. This can be in writing via e-mail to the Parish Clerk or by signing in ahead of a session. The record will be retained.

2.2 Volunteers must be appropriately trained to be able to carry out the role or activity they are undertaking. The exact nature of the training will depend on the role or activity and the findings from the required risk assessment.

2.3 A risk assessment will be undertaken by the event supervisor in order to identify any risks that might be faced and how they will be managed. The risk assessment will have regard to any safeguarding arrangements. The Parish Clerk is to receive a copy of the risk assessment ahead of work being undertaken. Visual inspections of the work area must be carried out and recorded prior to work commencing, to check for any additional hazards such as glass etc.

The risk assessment should include as a minimum

- The job or activity
- The existing competency of volunteers
- The circumstances of the work (eg. the degree of supervision)
- The tools and/or equipment being used
- Training requirements

The training standard must be sufficient to ensure the Health and Safety of volunteers

and any people who might be affected by the work.

2.4 Volunteers must be informed about the task and its purpose, health, safety and supervision arrangements. Responsibility for this rests with the event supervisor to whom authority has been provided by the parish council.

2.5 It is the duty of the volunteer to ensure they are physically fit enough to carry out the task and that if they have any underlying medical conditions, they have made the event supervisor aware of this ie. asthma / diabetes etc.

2.6 All volunteers shall have regard to the Health & Safety at Work Act 1974 when undertaking work. Volunteers will not be authorised to carry out work that the Council considers hazardous, or would contravene the principles of the Health and Safety at Work Act 1974, taking into account the competence of the volunteer(s) carrying out the proposed work.

2.7 All volunteers must have due regard to the fact that they are carrying out authorised work on behalf of Grendon Parish Council and as such are representing the Council, both in quality of work and possible interaction with the public.

2.8 A copy of this policy will be provided to all volunteers.

3. Other information

All policies are published on the council's website

<https://www.grendon-pc.org.uk/council-policies.html>

Signed..... Date 12.4.2

Chairman

Grendon Parish Council

Adopted 12.4.23

Reviewed 08.05.24

Appendix 1

Grendon Parish Council – Volunteers data capture form

I _____ [Print name], volunteering for Grendon Parish Council acknowledge that I have read, accept and will adhere to the Volunteer Policy. I confirm that I have made the event supervisor aware of any medical condition I have that may affect my ability to complete the task i.e. asthma / diabetes etc.

Signed _____

Dated: _____

NAME	
ADDRESS	
CONTACT TELEPHONE NUMBER	