

Volunteer

Welcome

Pack

Supported by Houghton Regis Town Council and Beds Rural Communities Charity

 



Beds Rural Communities Charity

**Beds Good Neighbour & Village Care Scheme Network**

Dear Volunteer,

Welcome to the Houghton Regis Helpers Good Neighbour Scheme and thank you for your interest in joining us. The organising committee is pleased to supply you with your Volunteer Welcome Pack. Please read it through carefully. You will need to return the necessary documents included in the pack to the Secretary.

All volunteers are covered by Public Liability Insurance and you will require DBS (Disclosure and Barring Service) enhanced clearance before starting as a volunteer. DBS checks will be arranged for you, free of charge, through the organising committee. You will also be asked to provide a passport-size photo for your ID card.

This pack should contain:

* **Volunteer Expression of Interest Form**
* **Volunteer Guidelines for Good Practice:**
	+ - **Confidentiality**
		- **Home visits**
		- **Working outside / DIY jobs**
		- **Driving**
		- **Guidelines on e-communication**
* **Data Protection Privacy Notice**
* **Volunteer Consent / Permission Form**
* **Volunteer Driver Registration & Declaration Form**
* **Volunteer Driver Insurance Form**
* **Declaration form**

If any items are missing, or if you have any questions, please do not hesitate to contact a member of the organising committee or phone **07587 004514**

Thank you



**Volunteer Expression of Interest Form**

**Name: .........................................................................**

**Address: ……………………………………………… Post Code ……………**

**Telephone no: ............................................................ Date: ............................**

**Mobile no: ..................................................................**

**Email address: ...........................................................**

**Approx age of volunteer: 18 - 25 26 – 40 41 - 65 66+**

 **AVAILABILITY** Please circle potential times you might be available

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MON** | **TUE** | **WED** | **THURS** | **FRI** | **SAT** | **SUN** |
| am | am | am | am | am | am | am |
| pm | pm | pm | pm | pm | pm | pm |
| evening | evening | evening | evening | evening | evening | evening |

 **TYPE OF VOLUNTARY WORK**  Please tick the help you might be able to offer

|  |  |
| --- | --- |
|  Shopping / errands / prescription collection (could be on foot or by car – which ever suits you) |  |
|  Lifts to/from hospital/clinic / doctor appointments / shops / social events (**you would need your own insured vehicle, and valid driving licence**) |  |
|  Befriending / sitting with client |  |
|  Small jobs e.g. changing light bulbs  |  |
|  Emergency minor indoor repairs / light DIY  |  |
|  Filling in forms / writing letters |  |
|  Gardening / lawn–mowing / dog-walking |  |
|  Being member of the phone rota - matching callers to suitable volunteers |  |
|  Being member of committee - includes attending occasional meetings |  |
|  Do you have any other special skills or experience to offer? |  |

Please return form to: **Secretary, Houghton Regis Helpers**

**c/o Houghton Regis Town Council Offices, Peel Street, Houghton Regis, LU5 5EY**

**or return by email to:** **houghtonregishelpers@hotmail.co.uk**



Beds Rural Communities Charity

**Beds Good Neighbour & Village Care Scheme Network**

**Volunteer guidelines for Good Practice – Confidentiality**

**We ask Volunteers to always maintain confidentiality –** do not discuss your client with anyone except the phone holder. Do not discuss with the client other volunteer work you do or information about other clients or volunteers. Respect for client privacy and dignity is paramount.

**Volunteer guidelines – Home visits**

1) When visiting a client for the first time a member of the organising committee will carry out the visit, accompanied by another volunteer. Initial visits will always be carried out by 2 volunteers

2) Before making a home visit, make sure you have all the details from the phone holder about the client and the job before accepting the job; you need to be clear what will be expected of you by the client and confident that you are able to do this.

3) If you have a mobile phone, take it with you.

4) When home visiting to a client **always** show your identity card. The phone holder will have informed the client of your name.

5) The phone holder should always know where you are if you are out on a job; if the destination of the job or any other circumstances change, or if the client asks for an additional job after the original request is completed and you are willing to undertake this, **ring in and tell the phone holder immediately.**

6) You are only expected to carry out the job which you have agreed via the phone holder to undertake. If the client thinks of additional job requests s/he would like done while you are there, you do not have to do these. Refuse politely and ask the client to contact the phone holder to book a future convenient time for a volunteer to undertake these.

 7) If you are willing to undertake these additional jobs yourself on a future occasion, you may agree details and time directly with the client to save them making a second phone call but it is important to let the phone holder know that you have done this and to pass on full details of the job/s you have agreed to do.

8) **Do not** give out your address, telephone number or email address to clients, however well you get on with them. Always request that clients access the service appropriately through the scheme mobile number.

9) **Do not** accept inappropriate behaviour (such as offensive comments or physical

 contact). **Report any incidents to the phone holder and/or a**

 **member of the organising committee.**

10) If you feel uncomfortable or unsafe with a client leave as soon as possible and let the phone holder know. If you are unable to leave phone the Police immediately.

 11) We recommend that you do not accept personal gifts from a client. If a client would like to make a donation to the good neighbour scheme keep a record of the amount and give the client a receipt confirming the amount. Take the donation to a member of the organising committee as soon as possible.

12) If you are concerned about a client’s wellbeing or health, inform the phone holder. It may be that the client has a level of need where professional expertise and resources are appropriate.

13) If a client has a fall and is unable to get up by themselves, ***do not attempt to lift or move them***:

* Make them as comfortable as possible and phone 999
* Explain what has happened to the operator
* The paramedics are trained to check for injuries and to lift people correctly

Remember - you will not be insured if you injure yourself or the person whilst attempting to move or lift them

* Reassure the client and keep them informed at all times of your actions
* Inform the phone holder as soon as possible

14) Keep a record of your mileage and keep your receipts for any expenses you may need to have reimbursed. Only money for mileage at the group agreed rate can be charged to the client and you will issue a receipt.

15) ***Remember*** - it is unlikely that you will encounter any serious problem whilst volunteering. However, it is common sense to be alert to any potential risks or issues that could cause harm or make volunteering a less enjoyable experience. Your good neighbour scheme committee is here to support you so please get in touch if you have any concerns or suggestions for improvement.



Beds Rural Communities Charity

**Beds Good Neighbour & Village Care Scheme Network**

**Volunteer guidelines - Working outside/DIY jobs**

* If you feel unsure about your suitability to carry out a job for a client, explain that you are unable to do it and advise them to seek a professional tradesperson.
* Make sure you know how to operate correctly any equipment/machinery you may be using.
* **Do not** use any equipment that appears dangerous; report it to the client and to the phone holder and/or member of the organising committee.
* Make sure you wear appropriate clothing such as safety goggles, sturdy footwear and strong gloves. Houghton Regis Helpers may be able to provide this, so please ask.
* Be careful when lifting; only lift or carry things you can easily manage. Make use of trolleys and wheelbarrows. Leave it if it is too heavy.
* When using a ladder, be aware of the scheme’s risk assessment. Leaning ladders will not be used. If using a step ladder, make sure you know how to put it up correctly, make sure it is placed so it doesn’t slip and use the handrail.
* Be careful when handling solvents, bleach or cleaning liquids. Wear protective gloves and always wash your hands afterwards.
* **If you have an accident while volunteering, inform the phone holder immediately and report to the Secretary in writing as soon as you can**.
* See your doctor who will be able to provide an independent record of your injury.
* Providing your injury was not caused through your own negligence, you may be able to claim through the good neighbour scheme’s insurance policy.
* If the accident is serious and you are not happy with the response from your good neighbour scheme, you can contact the Health and Safety Executive helpline on 0541 545 500



**Volunteer guidelines - Driving**

* Make sure you are clear about your destination
* Check with the phone holder whether you need to wait with the client whilst they attend their appointment or accompany them during the visit / shopping etc
* Make sure your car is in roadworthy condition: it must be taxed, insured and have a current MOT certificate (if required)
* Make sure that you and your passengers are wearing seatbelts
* If you have one, take your mobile phone with you
* Make sure you park your car in a designated parking space/zone; you will be liable for any parking tickets/fines incurred
* Inform your insurance company that you are doing volunteer driving - this Welcome Pack includes a covering letter to send to your insurance company
* **The phone holder should always know where you are if you are out on a job. If the destination of the job, or any other circumstances, change inform the phone holder at once.**
* Volunteer drivers are not expected to transport wheel chair users. Wheelchair users may be accompanied by a volunteer in a taxi or be accompanied by their own escort.

6

**Volunteer guidelines – e-communication**

**When sending or replying to emails:**

* avoid naming clients or other individuals in the subject line
* if sending to multiple recipients BCC (Blind copy) email addresses
* Encrypt attachments which include personal data and send passwords in a separate email
* If you wish to send an email to another volunteer, contact houghtonregishelpers@hotmail.co.uk in the first instance and we will check if the recipient consents to receiving your communication



**Data Protection: PRIVACY NOTICE – Volunteers**

Confidentiality of your personal information is highly important. The Data Protection Act 1998 establishes a framework of rights and duties which are designed to safeguard personal data. This framework balances the legitimate needs of organisations to collect and use personal data for business and other purposes against the right of individuals to be respected for the privacy of their personal details.

As from 25 May 2018, we, the **Houghton Regis Helpers** voluntary organisation, are required to comply with the **General Data Protection Regulation (GDPR**) in relation to how we collect, process and share any personal data which we obtain from you, and for how long the data is retained. The **lawful basis** for processing data relating to you as a volunteer is because it is within the legitimate interests of our organisation to use the data, and we assure you that any personal information gathered will only be used in the context of your volunteering and/or your role as a member of the organising committee.

The data collected from volunteers is obtained through the completion of your Volunteer Expression of Interest form; DBS application; and, where applicable, volunteer driver declaration form. This information is transferred to a secure database by the designated Data Protection Processor (Secretary) and only basic information such as name and contact details is accessible to the phoneholders for the purposes of allocating jobs.

Personal information relating to volunteers will be reviewed at least every five years if no changes or updates have been made in the interim. If you leave the organisation all personal information and data will be erased from electronic files or shredded if manually filed. If a request is received from a third party for your personal details we will seek your permission and explain the reasons before any information is shared.

Houghton Regis Helpers will ensure that practice and procedures uphold the GDPR rights of individuals. These include:

|  |  |
| --- | --- |
| * the right to be informed
 | * the right of access
 |
| * the right to rectification
 | * the right to erasure
 |
| * the right to restrict processing
 | * the right to data portability
 |
| * the right to object
 | * the right not to be subject to automated decision-making including profiling
 |

You have the right to request information on the personal data we hold on you and we will respond within one month. A copy of information will be provided free of charge, however if there are repetitive or excessive requests for copies of information a reasonable fee may be requested.

Please contact Houghton Regis Helpers on 07587 004514 or by email:

houghtonregishelpers@hotmail.co.uk if you have any questions regarding this notice.

**Copies of Houghton Regis Helpers Data Protection Policy and Privacy Notices are available on the website** [**www.houghtonregishelpers.co.uk**](http://www.houghtonregishelpers.co.uk)



Beds Rural Communities Charity

**Beds Good Neighbour & Village Care Scheme Network**

**Volunteer Consent / Permission to share contact details form**

**I have read and understand the Data Protection Privacy Notice and I confirm that:**

I give consent for my personal information to be processed, securely stored and shared only with the phoneholder and organising committee

I give/do not give permission (delete as appropriate) for my contact details to be shared with all Houghton Regis Helpers Volunteers

I understand that my personal information will not be shared with any third party without my prior consent

I give/ do not give consent (delete as appropriate) to receive the newsletter and other relevant promotional material by email

Photographs will be taken at community, social and volunteer events – I give / do not give permission *(delete as appropriate)* for photos which include my image to be used for promotional and publicity purposes

**I understand that I can change my agreements, as given above, at any time in the future by contacting the Secretary to request a change of consent / permissions form**

Name: ……………………………………………………………………….

Signed: ………………………………………………………………………

Date: ……………………………………………..



**Volunteer Driver Registration & Declaration Form**

**Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Registration:**

On behalf of the organising committee, I confirm that the above named volunteer is over 25 and has shown proof that they possess:

* a valid driving licence
* insurance certificate
* valid DVLA road tax receipt
* MOT certificate (if required)

and is therefore eligible to be a good neighbour scheme volunteer driver.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Driver Declaration**

I wish to be a good neighbour scheme volunteer driver. I have received my volunteer pack with details of what is involved and I understand fully what I may be asked to do.

I undertake to keep my car insured, taxed, and MOT tested (if required). Should any of my documentation lapse or my driving licence cease to be valid, I will inform the organising committee and will not undertake any further volunteer driving until the appropriate documentation is back in place.

I have advised my insurance company of my intention to drive on a voluntary basis, either by phone or by using the form provided in my pack. Should I change insurance companies, I will inform my new insurer that I am a volunteer driver and do not drive for hire or reward.

My car is currently, and will be kept, in a safe and roadworthy condition. I will follow the guidelines for safer driving included in my pack and will comply with legislation governing the use of motor vehicles. I undertake to drive in a manner that is considerate to my own safety and that of my passengers and other road users.

I will inform the organising committee of any material change in my health or any other circumstances that may affect my ability to carry out voluntary driving work.

**Signed: …………………………………………………… Date: ……………………**

8



Beds Rural Communities Charity

 ***Bedfordshire Rural Communities Charity working in partnership with Bedfordshire County Council***

**Beds Good Neighbour & Village Care Scheme Network**

**Volunteer Driver Insurance Form**

*To be sent to insurance company*

**Name ............................................................................**

**Address ...............................................................…………………..**

 **............................................................................**

**Policy No ............................................................................**

I am writing to inform you that I am a volunteer for ***Houghton Regis Helpers***. We are all local residents who have got together to help any fellow residents in our town who need extra support from time to time. As such, I will occasionally use my own private car to carry passengers or to carry out other help as requested.

Under Section 1(4) of the Public Passenger Vehicles Act 1981, my volunteering is exempt from both Passenger Service Vehicle and Hackney Carriage/Private Hire Car licensing laws. I will receive reimbursement for car running costs associated with my journeys, petrol and any other expenses - which will be claimed strictly on a non-profit making basis.

I understand that as my volunteering will not constitute ‘hire and reward’, it should not affect my insurance policy with you. I am also pleased to confirm that I am covered under our good neighbour scheme’s group insurance for all other situations arising from my volunteering happening outside of my occasional car journeys.

I believe the relevant section within my existing policy schedule and/or booklet that covers my occasional volunteer driving would be:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send me confirmation that this is indeed the case. I enclose a confirmation sheet and SAE for your convenience and prompt reply.

Thank you.

Signed ……………………………………………………………

Date ......................

9

 FROM (Name of Insurance Company) . . . . . . . . . . . . . . . . . . . . .

Re (Policy Number) . . . . . . . . . . . . . . . . . . . . . . .

POLICY HOLDER / DRIVER NAME . . . . . . . . . . . . . . . . . . . . . . . .

This is to confirm that your insurance policy covers occasional voluntary driving for which a non-profit reimbursement of costs may be received.

ISSUED BY . . . . . . . . . . . . . . . . . . . . . . .

|  |
| --- |
| *OFFICIAL STAMP* |

DATE . . . . . . . . . . . …

Please return form to: **Secretary, Houghton Regis Helpers**

**c/o Houghton Regis Town Council Offices, Peel Street, Houghton Regis, LU5 5EY**

**or return by email to:** **houghtonregishelpers@hotmail.co.uk**



Beds Rural Communities Charity

**Beds Good Neighbour & Village Care Scheme Network**

Declaration Form

Name: ………………………………………………..

* I confirm that I have received my copy of the Houghton Regis Helpers Volunteer Welcome Pack.
* I confirm I have read the information included and will do my best to follow the recommendations and best practice specified. If I have any questions about any aspect of volunteering I will contact a member of Houghton Regis Helpers organising committee.
* I agree to maintain client confidentiality at all times and to respect their privacy and dignity

Signed: ………………………………………………..

Date: ………………………………………………..

Please return form to: **Secretary, Houghton Regis Helpers**

**c/o Houghton Regis Town Council Offices, Peel Street, Houghton Regis, LU5 5EY**

**or return by email to:** **houghtonregishelpers@hotmail.co.uk**