

Seacliff Community Recreation Association Incorporated

Volunteer Management Policy

1	Introduction.....
2	Organisation Overview
3	Induction
4	Volunteer Membership Form.....
5	Training.....
6	Supervision
7	Dispute Resolution.....
8	Volunteer Recognition
9	ADMINISTRATION
9.1	Honorariums.....
9.2	Reimbursements.....
9.3	Volunteer Records
9.4	Insurance
9.5	Health and Safety.....

9.6	Accidents.....
9.7	Confidentiality
10	CHILD SAFE
10.1	Mandatory Reporting
11	Constitution/Policies/Member Rules
SAMPLE Induction of Volunteers to the Seacliff Recreation Centre Checklist	
SAMPLE List of Policies and other Statements	
SAMPLE Volunteer Membership form	
SAMPLE Incident Report Form	
SAMPLE Mandated Notification.....	

Approved by Board of Management of Seacliff Community Recreation Association
Incorporated November 2014

Revised November 2015, March 2017, July 2020, May 2023,

1. INTRODUCTION

Seacliff Community Recreation Association Incorporated recognises the critical role volunteers play within the local community.

The Seacliff Community Recreation Association Incorporated Volunteer Management Policy has been developed to provide comprehensive and transparent policies and procedures in relation to the, retention, recognition and resourcing of volunteers.

For the purpose of this policy a volunteer is an individual who provides service to Seacliff Community Recreation Association Incorporated or a Member Group on a voluntary basis. They are not an employee or a contractor but may receive an honoraria or be reimbursed for out of pocket expense.

"Volunteers are not paid - not because they are worthless, but because they are priceless."

2. ORGANISATION OVERVIEW

Vision

A centre that serves the community by providing a quality service and setting a high standard amongst recreational centres in South Australia.

Mission Statement

Our purpose and priorities are to:

- Be accessible to the wider community
- Offer a variety of activities catering for various age groups
- Provide a well maintained, modern and effective facility
- Maintain efficient management and sound financial viability
- Operate in a safe and respectful manner
- Operate by being welcoming and friendly
- Maintain high standards of accreditation and training

3. INDUCTION

An induction process is an important part of the volunteer management process. It familiarises volunteers with Seacliff Community Recreation Association Incorporated by providing information on the policies and procedures that outline their responsibilities. A well designed induction process reduces stress on new volunteers, makes them feel welcome and will assist with the retention of volunteers.

Refer Sample Induction of Volunteers to the Seacliff Recreation Centre Checklist: Attachment 1

4. VOLUNTEER MEMBERSHIP FORM

All Volunteers must read and sign the Seacliff Community Recreation Association Incorporated Volunteer Membership Form. Policies, Constitution and Mission Statement are listed and are located on Seacliff Recreation Centre website www.seacliffrec.org.au *Refer List of Policies and other Statements: Attachment 2.* Volunteers must agree to abide by all listed and must sign the Volunteer Membership Form. Medical details and Emergency contacts are also required. *Refer Sample Volunteer Membership form: Attachment 3*

5. TRAINING

Seacliff Community Recreation Association Incorporated is committed to providing relevant and timely training for all volunteers of all Member Groups.

Volunteers are to be encouraged to develop and expand their personal and professional skills, identifying training opportunities where possible. Specific training for volunteers will be provided where appropriate and financially feasible. This will be determined by each Member Groups own Chairperson or Head Coach.

6. SUPERVISION

All volunteers shall receive appropriate supervision as required by Seacliff Community Recreation Association Incorporated or by Member Groups.

7. DISPUTE RESOLUTION

All volunteers shall be entitled to appeal to the procedures set out in the Seacliff Community Recreation Association Incorporated Constitution, reference item **16 Dispute Resolution**.

8. VOLUNTEER RECOGNITION

Volunteer recognition is the crucial process of rewarding and motivating the people who have contributed positively to Seacliff Community Recreation Association Incorporated.

9. ADMINISTRATION

9.1 Honorariums

The Australian Taxation Office (ATO) guidelines on honorariums are as follows: Honorariums are not subject to PAYG withholding or instalment. The following factors indicate an honorarium

- The payment is received for personal reasons
- The payment has no connection to the recipient's income-producing activities or services rendered
- The payment is not received as remuneration or as a consequence of employment

- The payment is not relied upon or expected by the recipient for day-to-day living
- The payment is not legally required or expected
- There is no obligation on the part of the payer to make the payment, and
- The payment is a token amount compared to the services provided or expenses incurred by the recipient

Any honorarium must be approved by the relevant Seacliff Community Recreation Association Incorporated Member Groups own Chairperson or Head Coach or President of Seacliff Community Recreation Association Incorporated. A “Statement of Supplier” form and a Seacliff Community Recreation Association Incorporated Volunteer Service Agreement need to be completed.

9.2 Reimbursements

Seacliff Community Recreation Association Incorporated will make all reasonable efforts to ensure that volunteers do not incur ‘out of pocket expenses’ whilst undertaking their volunteer role. Any reimbursement must be approved by the relevant Seacliff Community Recreation Association Incorporated Member Groups own Chairperson or Head Coach or President of Seacliff Community Recreation Association Incorporated.

9.3 Volunteer Records

Seacliff Community Recreation Association Incorporated will collect and maintain confidential personnel records for each volunteer which will include:

- Seacliff Community Recreation Association Incorporated Volunteer Membership form ***Refer Sample Volunteer Membership Form: Attachment3***
- Emergency contact details and next of kin information
- Results of Criminal History Assessments
- Payments and expense reimbursements

A hard copy of all personnel records will be securely stored in SCRA files.

9.4 Insurance

9.4.1 Public Liability Insurance

Each Member Group at Seacliff Community Recreation Association Incorporated has their own insurance covering Public Liability and Professional Indemnity. Volunteers should speak to their Member Groups own Chairperson or Head Coach for more information concerning this insurance.

Some Member Groups at Seacliff Community Recreation Association Incorporated have equipment stored in halls that is out of bounds to other Member Groups. The insurance component of Member Groups own insurance covers injuries sustained only through their own sport.

Seacliff Community Recreation Association Incorporated has General Public and Products Liability insurance with an indemnity limit of \$20,000,000. This policy covers Seacliff Community Recreation Association Incorporated as head leaseholder at the site. It does not cover Member Groups carrying out their own sport. Volunteers should speak to the Treasurer of Seacliff Community Recreation Association Incorporated for more information.

9.4.2 Personal Accident Insurance

Seacliff Community Recreation Association Incorporated offers Personal Accident Voluntary Workers Insurance to all Member Groups. Volunteers should speak to their Member Groups own Chairperson or Head Coach for more information concerning this insurance. The coverage by this policy shall only apply whilst an Insured person is engaged in voluntary work authorised by and under the control of Seacliff Community Recreation Association Incorporated including direct uninterrupted travel to and from such voluntary work.

Volunteers must report any injury or risk immediately to their Member Group, and complete an Incident Report Form. ***Refer Sample Incident Report Form: Attachment 4***

9.4.3 Fire and Other Insured Events

Seacliff Community Recreation Association Incorporated has Fire and Other Insured Events Insurance at a sum insured of \$480,000. Each Member Group supplies an annual inventory of items at the site (Equipment List) and this total represents the value. Volunteers should speak to the Treasurer of Seacliff Community Recreation Association Incorporated for more information.

9.5 Health and Safety

Seacliff Community Recreation Association Incorporated is committed to providing a safe and positive working environment for its staff and volunteers, acknowledging that staff and volunteer well-being is a major factor in enabling them to perform their duties to the best of their ability.

Seacliff Community Recreation Association Incorporated has a general duty of ensuring that workers paid and unpaid are working in a safe environment.

9.5.1 Seacliff Community Recreation Association Incorporated Responsibilities

- Provision and maintenance of workplaces, plant and systems of work that do not expose workers to hazards
- The whole of the working environment, so it covers items like the premises, equipment and methods of work as well as the physical factors (lighting, ventilation, dust, heat, etc.) and intellectual factors (stress, fatigue etc.)
- Provision of information, instruction, training and supervision so those workers are not exposed to hazards while they are working

- Consultation and co operation with own Member Group Section Representatives
- Provision of personal protective clothing and safety equipment whenever hazards cannot be avoided
- Arrangements for the safe use, cleaning, maintenance, transport and disposal of substances used in the workplace.

9.5.2 Volunteers responsibilities:

Take reasonable care to protect their health and safety and the health and safety of others.

- Cooperate with Seacliff Community Recreation Association Incorporated ensuring that the workplace is safe and healthy and report to the Facility Manager any situation at the workplace that could constitute a hazard
- Follow the instruction and training provided by their Member Groups
- Report potential hazards to the Facility Manager via the maintenance book

9.5.3 Volunteers rights:

Volunteers have the following rights with regard to health and safety in their workplaces. These include the right to:

- Be informed, i.e. to know about potential hazards
- Participate in the setting up of safe standards in the workplace
- Be heard on matters relating to occupation health and safety

9.6 Accidents

Volunteers must report any injury or risk immediately to their Member Group, and complete an Incident Report Form. *Refer Sample Incident Report Form: Attachment 4*

9.7 Confidentiality

All volunteers have a right to have their confidential and personal information dealt with in accordance with the principles of the National Privacy Act 1988 and Privacy Regulations 2001.

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer at Seacliff Community Recreation Association Incorporated, whether this information involves a single staff, volunteer or members.

10. CHILD SAFE

Seacliff Community Recreation Association Incorporated is committed to the safety and wellbeing of children and young people who participate in our Member Groups activities or use our services. We support the rights of the child and will act at all times to ensure that a child safe environment is maintained. We also support the rights and wellbeing and

acknowledge the valuable contribution of our staff, volunteers and members and encourage their active participation in building and a secure and safe environment for all participants.

Seacliff Community Recreation Association Incorporated has lodged a compliance statement with the Department for Education to acknowledge that we are aware of our obligations to create and maintain a child safe environment according to the requirements of the *Children and Young People (Safety) Act 2017* and the *Child Safety (Prohibited Persons) Act 2016*.

10.1 Mandatory reporting

All staff and volunteers within Seacliff Community Recreation Association Incorporated have a responsibility to report any suspicion of a child at risk they form in the course of their duties. The procedures of this are outlined in the Seacliff Community Recreation Association Incorporated Child Safe Policy. ***Refer Sample List of Policies and other Statements: Attachment 2 and Refer Sample Mandated Notification: Attachment 5***

11. CONSTITUTION / POLICIES / MEMBER RULES

All volunteers at Seacliff Community Recreation Association Incorporated are subject to Seacliff Community Recreation Association Incorporated Constitution, Member Rules and Policies. Volunteers are expected to read and abide by these. ***Refer List of Policies and other Statements: Attachment 2***

Attachment 1: SAMPLE Induction to the Seacliff Recreation Centre

INDUCTION TO THE SEACLIFF RECREATION CENTRE

To welcome prospective coaches, leaders, committee members or assistants to the Seacliff Recreation Centre and ensure they are familiar and comfortable with our venue the following induction process should be undertaken by a senior member of the Member Group.

Tick the boxes as the induction proceeds, both to sign and date when completed and place in the SCRA Treasurer Mail Box for retention on our records.

INDUCTION PROCESS	TICK
Identify Board of Management contact details (in kitchen) and their responsibilities	
Identify Member Groups, their specific sport and contact details (in kitchen)	
Identify Emergency Contact List details (in kitchen and on Notice Board)	
Explain where store room roller door keys are kept (kitchen) and why they must be locked	
Explain where sliding door key to Mezzanine Hall is kept (kitchen)	
Explain Main Entrance security (door must remain locked if no person in attendance at front desk)	
Indicate location of switches for lights, fans and air conditioning, including their operation	
Indicate location of male and female toilets and Parents Room	
Explain use of fridge, microwave and pie warmer in kitchen	
Identify telephone in kitchen for SCRA use - no international calls	
Explain use of Gymnastic "sprung floor" (no shoes with heels) and Judo mats(bare feet only)	
Explain use of Calendar (in kitchen) to record any "out of normal training hours use of centre"	
Use "Maintenance Record Book" in Mail Box to notify Facility Officer of any maintenance requirements	
Contact with contractors (Cleaner or Gardener) must be through Vice President	
Honorarium recipients - complete Statement of Supplier - Tax Dept requirement	
Paid Employees – complete Tax File Declaration, Superannuation Standard Form & Member Group Contract.	
Explain SCRA alarm system – alarm code for key holders only	
HEALTH AND SAFETY	
Explain location of First Aid kits - each Member Group is responsible for maintaining its own kit	
Identify location of Fire Extinguishers (1 in each hall, foyer & hose reel in Hocking Hall)	
Show location of Emergency Exits and explain Emergency procedures	
Explain safety hazards, rules and equipment	
Explain safety policies	
Explain location of fire bell in SCRA foyer	
CONSTITUTION/RULES/POLICIES	
Explain the SCRA Constitution	
Explain the SCRA Child Safe Policy (criminal history report must be sighted by a SCRA Child Safe Officer)	
Show them the SCRA Code of Conduct	
Explain all available www.seacliffrec.org.au	
Membership Declaration Form to be completed by all Member Group coaches, committee members, paid staff and volunteers	
Volunteer Membership Form to be completed by all volunteers	
NAME	SIGNATURE
Person conducting induction	
Person being inducted	

Attachment 2: SAMPLE Seacliff Community Recreation Association Incorporated Constitution, Policies and Other Statements

Policies

SCRA Child Safe Policy
SCRA Code of Conduct Policy
SCRA Equipment Policy
SCRA Emergency Procedures Policy
SCRA Risk Management Policy
SCRA Codes of Behaviour Policy
SCRA Conflicts & Complaints Resolution Policy
SCRA Volunteer Management Policy
SCRA Work Health and Safety Policy
SCRA Hot Weather Policy
SCRA Alcohol Policy
SCRA Asthma Policy
SCRA Communication Policy
SCRA Inclusion Policy
SCRA Member Protection Policy
SCRA Sponsorship Policy
SCRA Succession Plan
SCRA Disability Action Plan and Checklist
SCRA Sustainability Action Plan

OTHER STATEMENTS

SCRA Mission Statement
SCRA Constitution
SCRA Member Group Rules

For up to date copies of all of these policies refer: www.seacliffrec.org.au

Attachment 3: SAMPLE Seacliff Community Recreation Association Incorporated
Volunteer Membership Form

Insert Member Group is pleased to accept your offer to provide volunteer services to Seacliff Community Recreation Association Incorporated in accordance with the terms set out in this agreement.

Name of Volunteer	
Address	
Contact Phone	
Email	

Description of services you would like to offer support as a volunteer:

- ☐ Coaching
- ☐ Judging
- ☐ Administration
- ☐ Events
- ☐ Professional services
- ☐ Costumes
- ☐ Committee Member
- ☐ Setting up / Packing away
- ☐ Not specified
- ☐ Other (describe)

Term	Date to Date or Season
Expense reimbursement	If eligible for reimbursements, it needs to be approved by Member Group's Finance Officer once receipts are presented
Termination	This agreement may be terminated by either party at any time

Please state your qualifications/skills/professional membership information relevant to undertaking the above volunteer support services.

Qualifications	
Registrations	
Memberships	
Summary of experience	

Declaration

I have offered my services as a volunteer to the above insert Member Group and agree that;

1. The information stated above is correct.
2. I have the appropriate skills, qualifications and experience to undertake the voluntary role/s indicated above.
3. I have provided a copy of a current WWCC or DCSI which allows me to work safely with children.
4. I understand and accept that no professional fees will be paid for my provision of Services as a volunteer. However, I may be reimbursed for incidentals and anticipated expenses associated with my volunteer role.
5. I have read, understood and accept the terms of this agreement including the attached terms & conditions.
6. I agree to abide by SCRA Constitution, SCRA Member Rules, SCRA policies as listed on www.seacliffrec.org.au and SCRA Mission statement as a volunteer at Seacliff Community Recreation Association Incorporated.

Signed for and on behalf of the Volunteer

Name of Signatory (if the volunteer is under 18 years)

Volunteers name

Date

Signature: _____

Signed for and on behalf of insert Member Group

Name

Position

Date

Signature: _____

PERSONAL RECORD - VOLUNTEER MEDICAL PROFILE

Personal Details

Surname _____ Given Name(s) _____

Address _____ Number _____ Street/Road _____

Suburb _____ Postcode _____

Phone: Home _____ Mobile _____ Work _____

Email: _____ Home _____ Work _____

Sex: M ☐ F ☐ Date of Birth: _____ Age: _____

Emergency Contact

Surname _____ Given Name _____

Phone: Home _____ Mobile _____ Work _____

Relationship to above _____

Health Care Details

Medicare Number _____

Are you a member of a Private Health Insurance Fund? Yes ☐ No ☐

If yes: Fund Name _____ Member Number _____

Do you have Ambulance cover? Yes ☐ No ☐

Doctor/GP Name _____ Telephone _____

Address Number _____ Street/Road _____

Suburb _____ Postcode _____

Dentist Name _____ Telephone _____

Address Number _____ Street/Road _____

Suburb _____ Postcode _____

Certain medical conditions or previous injuries may influence your ability to participate in sport. Examples of these include but are in no way limited to:

- Asthma
- Diabetes
- Epilepsy
- Spinal Injuries
- Arthritis
- Previous Injuries

If you have any pre-existing conditions or any concerns about participating, we would encourage you to seek medical clearance from your doctor prior to participating in sport.

Do you have any conditions that you, in consultation with your doctor, consider appropriate to notify the club / organisation of e.g. Previous injuries, medical conditions or allergies?

If so, please list here:

If I require medical treatment as a result of an emergency or accident, I authorise Seacliff Community Recreation Association Incorporated officers to arrange any medical assistance that may be required and I agree to pay all associated costs involved, including ambulance or other conveyancing considered necessary by those in authority.

Signed: _____

Date: _____

PRIVACY STATEMENT

- The information provided may be disclosed to health care providers, your Member Groups own Chairperson, your Member Groups Head Coach, and sports first aiders and may also be viewed by Seacliff Community Recreation Association Incorporated Executive Committee Members.

- We may also have to disclose information to our state or national sporting body, professional advisers and insurer.
- The information you have provided may be used by the club to contact you regarding club matters and may be used by the club for fundraising and direct marketing purposes.

If for any reason you do not wish your personal details to be used for any these purposes you should notify the club in writing.

If you do not provide us with any or all of the personal information that we request, or agree to it being used for some purposes, then you may not be able to participate in our activities, functions, events or play sport in any of our teams.

Attachment 4: SAMPLE Incident Report Form

Please print clearly and tick the correct box

Status:	<input type="checkbox"/> Participate	<input type="checkbox"/> Coach	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Parent
	<input type="checkbox"/> Sibling	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other _____	
Outcome:	<input type="checkbox"/> Hazard only	<input type="checkbox"/> Incident with no injury/illness	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness
	<input type="checkbox"/> Damage	<input type="checkbox"/> Other _____		

1. DETAILS OF PERSON INVOLVED

Name: _____ Phone: (H) _____ (W) _____

Address: _____ Sex: ☐ M ☐ F

_____ Date of birth: _____

_____ Position: _____

Experience in role: _____ (years/months)

Arrival time: _____ ☐ am ☐ pm

2. DETAILS OF INCIDENT

Date: _____ Time: _____

Location: _____

Describe what happened and how. Please include as much information as possible: _____

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) _____ (W) _____

Address: _____

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) _____

Cause of injury (eg fall, grabbed by person) _____

Location on body (eg back, left forearm) _____

Agency (eg lounge chair, another person, hot water) _____

5. TREATMENT ADMINISTERED

First Aid given ☐ Yes ☐ No

First Aider name: _____

Treatment: _____

Referred to: _____

SECTION 6-9 MUST BE COMPLETED BY CLUB OFFICIAL**6. DID THE INJURED PERSON STOP ACTIVITY?**

☐ Yes ☐ No If yes, state date: _____ Time: _____

Outcome:

- ☐ Treated by doctor ☐ Hospitalised
☐ Returned to normal activity ☐ Alternative activity ☐ Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors):

8. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: _____

9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed

10. ACTIONS COMPLETED

Signed (Club Official): _____ Title: _____

Date: _____

- ☐ Feedback to person involved

Signed (person involved): _____

Date: _____

11. REVIEW COMMENTS

Committee meeting: _____

Reviewed by Member Group Chairperson or Member Group Head Coach

(signed): _____ Date: _____

Attachment 5: SAMPLE Mandated Notification

Mandated Notification

Under section 31 of the *Children and Young and People (Safety) Act 2017*, certain people are **obliged by law** to notify the Child Abuse Report Line (CARL) if they suspect on reasonable grounds that a child or young person is at risk or may be at risk of harm and the **suspicion is formed in the course of the person's work** (whether paid or voluntary) or in carrying out official duties

The identity of any person making a report to the Department for Child Protection ('the Department') via CARL is protected by the Act

In South Australia, anyone under the age of 18 is classified as a "child or young person"

The person must notify the Child Abuse Report Line of the suspicion as soon as practicable after they form that suspicion

Please refer to the SCRA Child Safe Policy for further details

Child Abuse Report Line (CARL)

13 14 78