

## Volunteer Training Checklist / Induction

THIS PAGE FOR OFFICE USE ONLY		BRANCH:	
Volunteer's FULL NAME			
Start Date		Position	
E-mail		Mobile	

### PART 1 – Interview / Initial Introduction

Volunteer Sign Up Form	DATE	ISSUED BY
<ul style="list-style-type: none"> <li>- Services Agreement &amp; Confidentiality Agreement</li> <li>- Photographic Release &amp; Uniform Agreement</li> <li>- Consent to Check National Police Records and Advise Third Party Form</li> <li>- Copy of current Driver's License <b>2 Copies</b> (ONE FOR POLICE CENTRE)</li> <li>- T402 &amp; T403 Motor Vehicle Policies</li> <li>- Volunteer Handbook Acknowledgement form</li> <li>- WH&amp;S Handbook</li> </ul>		

INITIAL INTERVIEW CONDUCTED	DATE	ISSUED BY
<ul style="list-style-type: none"> <li>- Introduction to Kidney Support Network Inc</li> <li>- Mission and Vision of Kidney Support Network Inc</li> <li>- Services provided by Kidney Support Network Inc</li> </ul>		
Police Check Sent Date		Issued by
Police Check Returned Date		Issued By

### PART 2 – Induction / WHS / Training

Fire and Evacuation Procedure	DATE	ISSUED BY
TDS, SDS, Decanting & Chemical Storage		
Occupational Health and Safety		
KSN Incident Management Plan		
KSN Drug and Alcohol Management Plan		
KSN Code of Conduct		
<ul style="list-style-type: none"> <li>- KSN applicable training provided for the role</li> <li>- Relevant role procedure communicated</li> <li>- Introduction to key individuals relevant to the role</li> <li>- Orientation around premises where the volunteer will work</li> <li>- Availability and usage of KSN equipment</li> <li>- On the job coaching by buddy system</li> <li>- Other (Description ):</li> </ul>		
<b>Hospital Visitor only-</b> Hospital Specific Volunteer Induction Orientation Hospital Volunteer Visitor Agreement Queensland Health Code of Conduct Orientation around premises		
Massage Training USB Volunteer Massage Record Booklet MSDS Sheet for Massage Cream Hand and Foot Massage Guidelines		

# VOLUNTEER SIGN-UP FORM

Volunteer's Details (Please complete in BLOCK letters)	
Title: Mr / Mrs / Miss / Ms (Please circle)	
First Name:	Surname:
Maiden or other Name:	
Address:	Post code:
Home Phone:	Mobile:
Email:	
Date of Birth: / /	Gender: Male Female (Please circle)
Drivers Licence No:	Expiry Date: __/__/____
Emergency Contact	
First Name:	Surname:
Phone/ Mobile:	Relationship:
Secondary Contact Name:	Phone/ Mobile:

1. Have you ever Been Convicted of a criminal offence? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

2. What type of Volunteer work are you interested in? (Please number 1 as your most interested, then 2 as your second interested)

- ☐ Op Shop Volunteer
 ☐ Hospital visits or Patient Circulation Massage  
☐ Driving- Transport patients (Please answer Question 4 & 5)  
☐ Admin assistant (office)
 ☐ Local Support Group - Event & Fundraising

3. What times are you available for volunteer work?

☐ Mon
 ☐ Tues
 ☐ Wed
 ☐ Thurs
 ☐ Fri
 ☐ Weekends
 ☐ On call

4. (Driver only) Are you taking any medication, or do you have any known medical condition, which may impair your ability to drive? ☐ Yes ☐ No (If yes, a doctor's certificate maybe required)

5. (Driver only) What times are you available for volunteer work?

**AM** ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Weekends ☐ On call  
**PM** ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Weekends

## VOLUNTEER SERVICES AGREEMENT

It is a requirement of the Kidney Support Network Inc. that Volunteers read and adhere to the **Volunteer Services Agreement**, which is outlined below.

I \_\_\_\_\_ as a Volunteer of the Kidney Support Network Inc.  
(Please Print Full Name)

(KSN) agree to the following:

- As a Volunteer working with the Kidney Support Network Inc., I will undertake to promote excellence in service and maximise the quality of my experience.
- Undertake my duties in a professional manner, always respecting the rights and dignity of others and representing the Kidney Support Network Inc. within the community in a positive and respectful way.
- Recognise my own interests for being a Volunteer and ensure that Kidney Support Network Inc. is aware of these.
- My volunteering is a matter of free choice.
- My volunteering is not considered to be a precursor to paid employment.
- Actively accept opportunities for education and training on a periodic basis.
- Carry out all work mutually agreed to, responsibly and ethically.
- Acknowledge and bring to the attention of Kidney Support Network Inc. any concerns that might affect my work performance, workplace relationships, quality of service or safety.
- See myself as a valued team member, contributing to decisions, which affect my work.
- Will value and support other team members.
- Will uphold and abide by the policy and procedures of the organisation.
- Give reasonable notice of intended cessation of Volunteering role with Kidney Support Network Inc. as a matter of courtesy.

## CONFIDENTIALITY AGREEMENT

***The purpose of this Confidentiality Agreement is to protect the information contained within the files, and to protect all personal details obtained through interviews at the Centre. This Agreement is also designed to protect Salaried, Contract and Volunteer staff at the Kidney Support Network.***

All Kidney Support Network salaried staff, Contractors and Volunteers who have access to private and confidential information, obtained through interviews and files have a responsibility to ensure that confidential information is not inappropriately released or taken from the Kidney Support Network. Authorisation for the release of personal information must be obtained from the Operations Manager. This Agreement is designed to protect the details of everyone involved with the Kidney Support Network. **I have read the above information and agree to abide by the Kidney Support Network Confidentiality Agreement.**

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE USE ONLY		BRANCH:
Branch Coordinator	Signature	Date

## PHOTOGRAPHIC RELEASE

### Declaration

- I permit the Kidney Support Network to use the photograph/s as described for all uses including publicity and/or merchandising and/or editorial purposes in any country.
- The images may be used as reproductions or adaptations either in part, alone or in conjunction with any wording and/or drawings.
- No changes to the terms of this photographic release are accepted unless agreed to in writing by the Kidney Support Network.
- I understand that copyright in regards to any photographic material remains with the Kidney Support Network Inc. and that I do not have any interest in the copyright to the photographs.

☐ I agree to the declaration as above.

☐ I do not want my photograph used in public documentation, but I agree to KSN taking photos for ID badge purposes and internal use.

### Tick appropriate box

☐ I am over 18 years old **or**

☐ I have parental or guardian consent if I am under 18 years old (see signatures below).

<b>Volunteer Name</b>			
<b>Signature</b>		<b>Date</b>	/ /
<b>Parent/Guardian Name</b>			
<b>Signature</b>		<b>Date</b>	/ /

## Uniform and Equipment Kit Agreement

I \_\_\_\_\_ understand that the uniform and/or items issued to  
(Please Print Full Name)

me by the Kidney Support Network, is/are for the sole purpose of carrying out my duties with the KSN organisation.

I understand that it shall be considered a breach of this Agreement, should I use any part of this uniform and equipment kit, for any other purpose other than to carry out my duties with the organisation.

I agree to return the uniform and equipment items to KSN should I no longer be associated with Kidney Support Network Inc.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Uniform				OFFICE USE ONLY	
TYPE	SIZE	QUANTITY	DATE ISSUED	ISSUED BY	DATE RETURNED
Polo – Black / Red					
Polo – Navy / White					
Office - Charcoal					

### ID Badge

OFFICE USE ONLY			BRANCH:
DATE ISSUED	ISSUED BY	Branch Coordinator	DATE RETURN

## MOTOR VEHICLE USE POLICY

T402

### POLICY STATEMENT

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All use of KSN vehicles is restricted to official KSN business. Official KSN business includes kidney dialysis patient transport and attendance at KSN business meetings with patients, volunteers, and stakeholders.

Use of KSN vehicles for private purposes is prohibited except in emergency circumstances where the health or safety of an employee is concerned.

From time to time, competing business priorities may arise for use of vehicles (for example, a vehicle may be required for patient transport and a business meeting). Patient transport will be the number one priority for use of KSN vehicles. Vehicles may be used for official business meetings (i.e. meetings with renal unit staff), but only if such use will not interrupt their use for scheduled patient transport.

### OUTLINE

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#### **Funding for, Purchase, Lease and Disposal of Vehicles**

The Operations Manager is responsible for the purchase, lease, and disposal of all vehicles.

The Operations Managers is also responsible for approving and submitting any funding submissions for vehicles.

#### **Driver Requirements**

Drivers of KSN vehicles providing members of Kidney Support Network passengers transport service are required to meet driver authorisation and operational requirements under the *Transport Operations (Passenger Transport) Act 1994* and its accompanying regulation and standard. These requirements are set out in the KSN Operator Accreditation and Driver Authorisation Manual.

#### **Choice of Motor Vehicle and Replacement**

The range of KSN fleet vehicles is reviewed periodically by the Operations Manager of KSN in consultation with the Board and relevant staff regarding safety, fuel efficiency, and suitability of vehicle for patients, reliability, and general economy.

#### **Parking and Security**

**KSN vehicles must be parked in appropriately designated areas and be locked when unattended.**

#### **Home Garaging of a KSN Vehicle**

Home Garaging of a KSN vehicle is not allowed without the prior approval of the Operations Manager. Home Garaging of KSN vehicles will only be authorised by the Operations Manager in circumstances where the Operations Manager considers:

- i) the vehicle is required for after-hours business use and it would create significant hardship for the staff member or volunteer to pick up or drop off the vehicle from its usual depot; or
- ii) The vehicle's usual depot is not safe or secure.

Home garaging is not a long-term option for KSN vehicles and will only be considered by the Operations Manager in exceptional circumstances as an occasional or temporary option for garaging of vehicles.

### **Hire Vehicles**

Vehicles may only be hired for official business with the prior approval of the Operations Manager. Request to hire vehicles must be in writing and set out the type of vehicle, the purpose for which it is required, the number of hire days and the cost of hire.

Hire vehicles are subject to the requirements and guidelines of this policy as well as to the terms and conditions of the supplier.

### **Private vehicles**

“Private vehicles” referred to in this section do not include vehicles under a novated lease as part of an employee’s total remuneration package with Kidney Support Network.

### ***Parking***

Parking of privately owned vehicles on business premises shall be at the owner’s risk and no liability will be accepted by KSN for any damage sustained to the employee’s vehicle while parked or driven on business premises.

### ***Use of privately owned vehicles for official purposes***

Privately owned vehicles must not be used to undertake KSN’s transport service functions and the use of privately owned vehicles for other official KSN business should be minimised wherever possible.

Any liability which may arise from use of a privately owned vehicle on KSN business will not be accepted by Kidney Support Network, including liability for damage to the vehicle and any fines incurred through motor vehicle or traffic infringements.

Persons wishing to use a private vehicle on Kidney Support Network business must have approval from the Operations Manager or the Transport Coordinator. Approval for the use of a privately owned motor vehicle on Kidney Support Network business is dependent upon the vehicle being registered and covered by a current comprehensive insurance policy.

## **FIRE AND SAFETY PLAN**

### **P A S S**

**Pull the Pin** at the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher.

**Aim at the base of the fire**, not the flames. This is import – in order to put out the fire, you must extinguish the fuel.

**Squeeze the lever slowly**. This will release the extinguishing agent in the extinguisher. If the handle is released, the discharge will stop.

**Sweep from side to side**. Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out. Operate the extinguisher from a safe distance, several feet away, and then move towards the fire once it starts to diminish. Be sure to read the instructions on your fire extinguisher- different fire extinguishers recommend operating them from different distances. Remember: Aim at the base of the fire, not at the flames.

## PRIVATE VEHICLE USE POLICY

T403

### POLICY STATEMENT

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When a company vehicle is not available, you may be required to use your private vehicle for work purposes. The following private vehicle use policy applies in addition to the Motor Vehicle policy.

### OUTLINE

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#### Vehicle Maintenance

It is the obligation of the vehicle owner to ensure the regular maintenance of the vehicle whilst using for work purposes. Any vehicle being used for work purposes must be roadworthy. The company has the right to ask for proof of roadworthiness at any time.

#### Registration

All employees using private vehicles for work purposes will be asked to provide a copy of the current registration of the vehicle.

#### Insurance

All private use vehicles must have current third-party Insurance. Any additional insurance is at the obligation of the owner of the vehicle. Kidney Support Network Inc takes no responsibility for any accident the vehicle is involved in.

#### Safety

The employee is responsible for the safety of its passengers and the driver when driving any vehicle. Seat belts are always to be worn. Drivers must follow all Queensland Transport road rules. Any breach of these rules will be the responsibility of the driver.

#### Cleaning

All private use vehicles must be cleaned both inside and out whilst using for work purposes.

#### Reimbursement of Expenses

All employees with pre-approval to use a private vehicle for work purposes will be reimbursed for kilometres used whilst working, at the current award rate. You must supply the information required to be reimbursed, including keeping a kilometre log.

#### Acceptance

I \_\_\_\_\_ understand the policy above and will adhere to its  
(Please print full name)  
terms and conditions which is in addition to the Company Vehicle Policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## FIRE AND SAFETY PLAN

### P A S S

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All Staff / Volunteers must sign a daily sign-in sheet when arriving at the KSN office and sign out.	Y	N	N/A
Staff Members have been advised on locations for fire extinguishers, fire blanket and smoke detectors installed in the office, op shop and vehicle.	Y	N	N/A
Staff have knowledge on where the fire evacuation plans for the office, op shop and KSN vehicle are kept.	Y	N	N/A
Procedures for evacuation of premises are to: <ul style="list-style-type: none"> <li>• remain calm</li> <li>• follow instructions of the Supervisor</li> <li>• leave premises and to go to the designated assembly point.</li> <li>• Remain in the area until your name has been checked off the sign-in sheet, so staff know that every person has exited the building</li> </ul>	Y	N	N/A
In the event of a fire and the Supervisor is unavailable, Volunteers know where the sign in and sign out sheet is kept for a roll call upon evacuation.	Y	N	N/A
All Procedures are reviewed on a 6 monthly basis and Staff know that Procedures are kept in the red folder under Fire and Evacuation Plan	Y	N	N/A
Staff know that the material safety data sheets are kept in a safe and accessible place for staff to read and a copy to be kept on file.	Y	N	N/A

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE USE ONLY		BRANCH:
Branch Coordinator	Signature	Date
		/ /



# WH&S Handbook Checklist and acknowledgement form

Please complete this Checklist for Understanding, along with the acknowledgement form and provide this to the Organisation once you have read the handbook.

For each statement below please circle whether it is true or false.

	True	False	Office use
Workers must perform all duties in a manner that ensures the health and safety of themselves and others in the workplace.	T	F	
Being affected by illegal drugs whilst at work or smoking on the premises may result in the termination of a worker's engagement.	T	F	
Breaches of the health and safety policies (such as physical or verbal assaults, bullying or harassing) will not be tolerated from any workers, and may result in the termination of a worker's engagement.	T	F	
You must wear PPE including safety footwear and high visibility clothing when at work if directed by management.	T	F	
If you identify a hazard in your workplace, you don't have a responsibility to do anything.	T	F	
ALL accidents/incidents or near hits/misses must be reported to management.	T	F	
You don't have to follow workplace rules if you think they are unnecessary.	T	F	
Poor housekeeping (untidy workplace) does not have an impact on health and safety.	T	F	

I \_\_\_\_\_ acknowledge that I received a copy of this Kidney Support Network Health and Safety Handbook and that I have read and understood it.

I agree to comply with the policies and procedures applicable to me contained within the Kidney Support Network Health and Safety Handbook to the best of my ability and to comply with all policies and procedures when attending other workplaces.

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Volunteer Handbook Acknowledgement form

I \_\_\_\_\_, acknowledge that I received a copy of this Kidney Support Network Volunteer Handbook and that I have read and understood it.

Signed: \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_



**QUEENSLAND POLICE AUTHORITY AND INDEMNIFICATION**

**CONSENT TO CHECK NATIONAL POLICE RECORDS  
AND ADVISE A THIRD PARTY**

(Family Name)		MR/MRS/MS/MIS	
(Given Names)			
(Former Maiden Name, Married Name/s or Aliases)			
Residential Address		POSTCODE	
TELEPHONE			
MOBILE		PRIVATE ( )	
BUSINESS ( )			
DATE OF BIRTH	/	/	PLACE OF BIRTH

**PROOF OF IDENTITY**

Attach a legible

- Photocopy of your current Driver's Licence OR
- Photocopy of your current passport including photograph and signature OR
- Photocopies of two other forms of identification bearing your signature

NAME OF THIRD PARTY    Kidney Support Network Inc P.O. Box 6657 MMC, Mackay 4741

This check is for the purpose of undertaking work with the Third Party that is unpaid as a support worker or transport driver.

I \_\_\_\_\_ whose personal particulars are set out above authorise the Commissioner of Police or his servants or agents to:

Check my name against records that are held by the Queensland Police service or are available to them nationally from other Australian Police Services, and I further agree to provide my fingerprint impressions if required for checking purposes, and if I do not have a conviction or I only have a conviction that cannot be disclosed by virtue of the Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld) to advise the above-named third party that I do not have a conviction that can be disclosed. If I have a conviction that can be disclosed, I authorise the disclosure to the above-named third party of the details of that conviction. I clearly understand that any details disclosed to the above named third party will be considered by them and may affect any application I have made with them for a position of trust or employment, or as the case may be.

I hereby agree not to take or suffer or permit to be taken any legal action whatsoever or howsoever against the Crown in the right of the State of Queensland, the Commissioner of Police or any member or agent of the Queensland Police Service in respect of the advice given to a third party or the disclosure or use of information relating in any way to records under the name supplied.

SIGNATURE OF PERSON	
IN THE PRESENCE OF SIGNATURE OF WITNESS	
PRINTED NAME OF WITNESS	

DATE    /    /