

0419 317 356 (Aust) Level 4/420 Collins Street, Melbourne, Victoria 3000 ABN: 18 610 662 470 ACN: 610 662 470

### Dear Volunteer,

Thank you for joining us as a volunteer on the Furniture for Schools project. We hope you will find satisfaction and fulfillment as you contribute to increasing the self-reliance capacity of disadvantaged communities. To ensure you are properly informed and to provide you with an appropriate and safe experience, please find below:

- An overview of Pacific Assist and the project you will be working on
- Pacific Assist Child Safety & Wellbeing Code of Conduct
- Pacific Assist Workplace Code of Conduct
- A registration and medical information form
- A photographs/video release and waiver

In relation to the personal and basic medical information we collect, we are bound by and follow the Privacy Act and the Australian Privacy Principles (APPs) – further information about the APPs can be found at <a href="http://www.oaic.gov.au/">http://www.oaic.gov.au/</a>. You can view Pacific Assist's Privacy Policy at <a href="www.pacificassist.org/privacypolicy">www.pacificassist.org/privacypolicy</a> or ask for a hard copy from your Pacific Assist Project Coordinator.

### Overview

Pacific Assist is an Australian based not-for-profit charity serving the nations of the South Pacific. The vision of Pacific Assist is inspiring self-reliance. Our mission is to inspire individuals, families, and communities to be emotionally, physically, economically, and educationally self-reliant. We define self-reliance as the capacity to envision a self-determined future and the freedom and capacity to access the necessary spiritual, mental, emotional, social and physical resources to enact that vision. All our policies and practise are an extension of our vision and mission and are intended to ensure that our practice is in harmony with them. They are built on what Pacific Assist has labelled the 4 Core Principles of Self-reliance:

- Individual and collective self-determination
- Personal responsibility and integrity
- Community
- Development Mindset<sup>1</sup>

*Personal responsibility and integrity* – The obligation that everyone has to do all that they can to support themselves, to engage in the process of individual and community development, and to act with honesty and in compliance with the laws and expectations of society.

<sup>&</sup>lt;sup>1</sup> Individual and collective self-determination – The right that individuals and communities have to freely act in accordance with their values and to be full participants in determining and implementing their own goals and strategies.

In striving to accomplish its mission and apply the 4-Core Principles of Self-reliance, Pacific Assist identifies disadvantaged communities within the South Pacific and then seeks to assist those communities build their self-reliance capacity. An essential element of this effort is engaging the individuals, families, and communities receiving assistance in the process of identifying needs and determining and implementing solutions. Fostering self-reliance is at the heart of Pacific Assist's partnerships with South Pacific communities.

Pacific Assist is also a signatory to the Australian Council for International Development (ACFID) Code of Conduct. ACFID is the peak body for Australian non-government organisations (NGOs) involved in international development and humanitarian action. As an ACFID Code of Conduct signatory Pacific Assist complies with all requirements of the code. To learn more about the code visit <a href="https://acfid.asn.au/content/about-code">https://acfid.asn.au/content/about-code</a>. We also encourage you to complete code eLearning modules (you'll need to create an account and log in). Information about these can be found at <a href="https://acfid.asn.au/content/elearning-course-details">https://acfid.asn.au/content/elearning-course-details</a>, or contact the Pacific Assist's projects manager for more information.

One of our key projects is Furniture for Schools (FFS). Furniture for Schools collects donated in good condition school furniture and delivers it to disadvantaged schools in South Pacific Islands. Specific details of the project you will be assigned to will be provided to you via email after you have submitted your form. For all projects volunteers are provided with:

- > Lunch
- Snacks
- Water

- Sunscreen
- Gloves
- > High vis vest

To assess your suitability to participate in the project, and to manage your safety and well-being and that of others during the period of your service as a volunteer, you will be required to:

- Read and sign a copy of the Pacific Assist <u>Child Safety & Wellbeing</u> Code of Conduct
- Read and sign a copy of the Pacific Assist Workplace Code of Conduct

Community – This principle encompasses the idea that true self-reliance includes connecting with and caring for others. It is expressed as a commitment to the common good, a sense of obligation to one's neighbour, and respect for the rule of law. It acknowledges that no one individual, group, or organisation has all the necessary knowledge, skills, resources, networks and relationships to build a successful, self-reliant community. It invites collaboration, cooperation and mutual respect within and between organisations and within and between communities. Essential to applying this principle is the quality of empathy. Having empathy is acknowledging that all individuals and communities have a right to a voice and to be heard and understood. In practice, empathy is expressed by listening with a sincere desire to understand how life is experienced by another. It is the act of seeking to walk in someone else's moccasins – seeking and listening to their insights, opinions, concerns, and feedback.

Development Mindset – A mindset that encompasses initiative, creativity, and innovation. This mindset is expressed through a willingness of individuals and communities to take charge of their destiny, engage in personal and collective life-long learning, and to imagine new possibilities, new solutions, new methods either through original invention or by modifying what already exists.

- Have and carry a current Working with Children card (state specific)
- Complete the Registration and Medical Information Form
- ➤ Complete the Photographs/Video Release and Waiver
- View the Child Safe Organisations National Principles Video
- Bring a sun hat

The Registration and Medical Information Form can be downloaded from the Volunteer Registration and Medical Forms page of Pacific Assist's website www.pacificassist.org . All other forms are available to download from the 'Safety and Well-being' page of the website. Once completed, signed, and scanned, please upload all forms to the Pacific Assist website no later than one week before the project commencement date. Forms can be uploaded under the *Upload Required Documents* section of the Volunteer Registration and Medical Forms page. Bring the hard copies of the forms with you on the day. You will not be able to undertake any volunteer work until these forms are completed, signed, and submitted. If you have any questions or concerns about how to complete these forms, please see your Pacific Assist Project Coordinator, or contact Clive Haydon on 0427 681 232 or email clive@pacificassist.org.

# **Project Safety and Wellbeing Protocols**

Please make yourself familiar with the below safety protocols:

- Follow COVID-19 protocols as follows:
  - Stay home and avoid contact if you're feeling unwell
  - Practice good hygiene (hand sanitiser will be provided)
  - Maintain physical distancing, keep at least 1.5 metres away from others
  - Wear thin, disposable gloves under cloth gloves (both types will be provided)
  - Avoid touching your eyes, nose, and mouth with unwashed hands
  - Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough, or sneeze into your upper sleeve or elbow
  - > Do not share drink bottles, crockery, or cutlery
  - Stop shaking hands, hugging, or kissing as a greeting
  - When required, wear a mask as instructed (when required masks will be provided)
  - Notify your project coordinator or the projects manager if you test positive for coronavirus (COVID-19) within one month of attending a Pacific Assist project
- Volunteers are always to work in pairs, and should not be alone on school grounds
- Volunteers must keep within the loading zones identified by the school, and are not to enter classrooms or other areas of the school unless directed by the Pacific Assist Coordinator
- Please review the Worksafe Lifting Techniques Poster
- Please review the Lifting Do's & Don'ts Poster
- Wear sunscreen (as required)

- Maintain hydration by drinking adequate amounts of water
- Wear closed, practical shoes (no thongs, sandals or high heels)
- On the day, contact the project coordinator for first aid supplies if required
- Feedback/complaints: It is Pacific Assist policy that personnel, volunteers, partners, primary stakeholders, participants, service providers, and any others engaging with Pacific Assist have a right to provide feedback and/or make complaints, and that complaints should be responded to effectively and in a fair and timely way.

To provide feedback and/or make a complaint:

- Speak directly with the project coordinator
- Send an email to the project coordinator, projects manager, or info@pacificassist.org (received by the projects manager)
- Complaints about the projects manager should be sent directly to the Chair (email and mobile are available on the Pacific Assist website under About Us: Our Team)
- Navigate to the Feedback/Make a Complaint page on the Pacific Assist web page <a href="www.pacificassist.org">www.pacificassist.org</a> (see About: Feedback/Make a Complaint)
- > Phone us on 0427 681 232
- ➤ Mail a letter addressed to the projects manager or the chair of the board to Level 4/420 Collins Street, Melbourne 3000 Victoria Australia
- Visit our office and make a face-to-face complaint
- Anonymous complaints can be made by mail or by completing the "Email A Complaint" form on the website (leave the name, phone contact, and email address sections blank)

We thank you again for volunteering, and hope you have a great experience.

Regards,

Richard McLean Director

# **Volunteer Registration and Medical Information**



Project Name: Furniture for Schools -

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| Project Date:                                     |                       | ACN: 610 662 470<br>WWW.pacificassist.org |
|---|-----------------------|---|
| Name:   |                       |   |
| Address:  | State:                | Post Code:                                |
| Home Phone:                                       | Mobile:               | DOB:                                      |
| Gender: Email Address: _                          |                       |   |
| I have a current working with children conducted? | card in the state whe | re the project is being                   |
| Yes / No/ Not applicable (card #:                 | )                     | Expiry Date:                              |
| Emergency Contact Name:                           |                       |   |
| Contact Mobile Number:                            |                       |   |
| Contact Address:                                  |                       |   |
| Relationship to Participant:                      |                       |   |



# **Medical Information**

| Name           | e:  |  |
|----------------|---|--|
| DOB.           |   |  |
| <b>D D D</b> . |   |  |
| Place          | a tick in the box of each item that applies to you:                           |  |
|                | Special dist  |  |
|                | Special diet Allergies  |  |
|                |   |  |
|                | Currently on medication   |  |
|                | Chronic/Recurring illness   |  |
|                | □ Surgery or a serious illness in the past year                               |  |
|                | Any ailment or condition that could impact on your capacity to participate in |  |
|                | this project  |  |
| If you         | ticked any of the boxes above, please provide specific details, including any |  |
|                | cations and the frequency and dosage you are taking:                          |  |
|                | and the hequelle, and decage you are taking.                                  |  |
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## **Declaration of Understanding and Medical Release**

Pacific Assist takes all reasonable precautions to protect the safety of volunteers. Coordinating personnel are suitably trained and implement risk management protocols. However, there are still risks inherent in this project that are beyond the control of Pacific Assist. For the Furniture for Schools Project these include, but are not limited to, hand, foot, back and muscle injuries.

## By signing this form:

- I am indicating that I have read the project description provided in the cover letter of the registration form, Pacific Assist's privacy policy, Pacific Assist's Child Safety & Wellbeing Code of Conduct, Workplace Code of Conduct and the statement of inherent risks above.
- I agree to abide by the Pacific Assist Child Safety & Wellbeing Code of Conduct and the Workplace Code of Conduct during my engagement as a Pacific Assist representative.
- I understand that breaches of the Child Safety & Wellbeing or Workplace Code of Conduct may be a criminal offence and may lead to disciplinary and/or legal action against me.
- I understand there are inherent risks involved in this activity that may be beyond the control of Pacific Assist personnel.
- I understand that I must have a current working with children card issued by the state in which the project is being conducted, and that I must provide Pacific Assist with a copy of this card.
- I consent to Pacific Assist collecting the personal and basic medical information above, and I
  understand it will be stored and managed in accordance with Australian privacy, records
  collection, and risk management law. This includes keeping records for an extended time as
  evidence of compliance with occupational, health and safety regulations.
- I understand that if I have any medical conditions, Pacific Assist may require me to have a Doctor sign a medical release form and/or limit my participation in the project.
- I understand that Pacific Assist retains the right to decline my offer to volunteer or to revoke my status as a Pacific Assist volunteer at any time.
- I give permission for Pacific Assist personnel coordinating this project to arrange for medical
  or surgical treatment or use of an ambulance for me as may be necessary in the event of an
  emergency during my involvement as a volunteer for Pacific Assist.

| Signature  | Date        |
|------------|-------------|
|            |             |
| Print Name | <del></del> |