

# MARWAL CENTRE

# Volunteer Orientation Kit

*An introduction to your  
role as a volunteer*

**This orientation package has been based on the volunteer orientation kit developed by Eastern Volunteer Recruitment Project which was funded by Department of Human Services**

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# 1. INTRODUCTION

**This orientation kit** is designed to introduce you to the organization you will be working in and to outline your volunteer role. It will help ensure you are provided with the information you need to make your volunteering experience pleasant and rewarding.

In this kit you will find:

- What you should expect on your first day of work; and
- An orientation checklist to fill in with the volunteer co-ordinator or your immediate supervisor.

## 1.1 Importance of Orientation Training

All volunteers are asked to undertake orientation before starting their new role. Orientation (also known as induction) is a process whereby new volunteers can familiarize themselves with the agency and the HACC programs they will be involved in. Your supervisor/co-ordinator of volunteers or other nominated person will conduct orientation with you.

Orientation helps to inform you of things you should be aware of when starting your new role. It is the first stage of finding out more about the organisation and how you will fit in. Orientation will benefit you, other volunteers, and clients of the service by helping you to clearly understand your role; duty of care; workplace safety requirements; emergency procedures; and limits of responsibility.

Once you have completed a comprehensive orientation program you should have adequate knowledge about the organisation and your role, so that if a question arises you will know what to do, where to access the necessary information and who to ask for help.

To get the most out of volunteering, you need to enjoy it. If at any time you are not satisfied with your volunteering experience, you should discuss this with your supervisor/volunteer co-ordinator. Sometimes it takes a while to recognise what you enjoy or where you feel your skills may be best utilized and most appreciated. Please keep in mind that there may be other roles within the agency you could try. One particular job may not suit you but another might!

**Welcome Aboard!**

# ORIENTATION CHECKLIST

**Welcome**

Orientation is an introduction to the organization you are working in and your role within it. The following checklist will help to inform you of the things you need to know when commencing your new role.

It is important to note that while the information contained in this checklist will be useful for you when starting your new role, you may be asked to undertake occasional training to further develop your skills or to meet the legal obligations of the agency, for example with respect to duty of care or occupational health and safety. A volunteer who keeps their skills and knowledge current is a real asset to the organization and a great support to clients.

Enjoy your work as a volunteer in our organization 😊

Volunteer Name: \_\_\_\_\_  
Agency \_\_\_\_\_  
Orientation date: \_\_\_\_\_  
Volunteer position \_\_\_\_\_  
Supervisor/volunteer co-ordinator: \_\_\_\_\_  
Contact number for supervisor/volunteer co-ordinator  
\_\_\_\_\_

## HOW TO USE THIS CHECKLIST



Tick or fill in what is relevant for you in your job. Your supervisor/ co-ordinator of volunteers or the nominated person responsible for inducting you into the agency will help you. Take your time and ask as many questions as you like.

The orientation process may take a while to complete, so don't worry if all the boxes can't be ticked off straight away.

## **BEFORE COMMENCING WORK**

*The following should have taken place before you arrive for your first day of work.*

Volunteer information kit received

Volunteer application form completed

Volunteer agreement /confidentiality form signed Signed on: (date)

\_\_\_\_\_

Job description received

Police check completed and outcome Notified to you

Welcoming process put in place, e.g. introduction to other volunteers and staff

Another volunteer appointed to act as a "buddy" in the first week (optional)

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

Organisational chart for the agency/program area that shows where volunteers fit in and to whom you will be reporting/accountable..

Policies and procedures, e.g. Volunteer Reimbursement Policy, Complaints Policy, Planned Activity Group (PAG) Manual, Volunteer Insurance. List those applicable to your role.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Other specific forms relating to job responsibilities. Please list them.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Annual report containing information about the organisation's culture, history, aims, programs and funding.

Any other special arrangements. Please list them.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

***If you cannot tick off any of these items, discuss them with your supervisor to ensure all requirements have been met.***

## **YOUR FIRST DAY/WEEK(S) OF WORK**

The following information should be provided to you when you start work with the agency. Note that not all items may be applicable to you in your particular role.

### **Getting to know your workplace**

- Parking information, e.g. where to park, restrictions
- Public transport options
- Amenities (toilets, kitchen, etc)
- Emergency exits and first aid kit
- Introduced to key staff and volunteers
- Introduce to clients (where applicable)

## Work practices

*Specific agency/program area work practices will be explained to you. Tick the items that have been discussed with you, and fill in information where appropriate.*

Working days and hours confirmed: \_\_\_\_\_

Attendance book: Do volunteers sign in and out? (Please circle)      **YES**      **NO**

Procedures for keeping volunteers informed of issues that arise within the agency.

Volunteers are kept informed by: \_\_\_\_\_

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Time meals breaks are taken: \_\_\_\_\_

Tea /coffee arrangements

Personal phone calls: Are they permitted? (Please circle)      **YES**      **NO**

Procedures for taking time off or going on a holiday.

Reimbursement arrangements.

Use of office equipment (telephone, fax, computer/printer, photocopier etc). Is there a training session on how to use these? (Please circle)      **YES**      **NO**

Safe storage of personal itmes \_\_\_\_\_

Building/workplace access, housekeeping duties, e.g. security access, cleaning up work area.

Confidentiality and privacy of client information requirements.

Is training provided? (Please circle)      **YES**      **NO**

Date of training session: \_\_\_\_\_

Grievance and Complaints policy and procedures.

Duty of care in relation to your volunteer role.

## Occupational Health and Safety (OH&S)

*Health and safety issues you need to be aware of are listed below. Tick the issues that have been discussed with you.*

- What OH&S involves and why it is important.
- Agency's responsibilities in relation to OH&S, e.g. ensure a safe and healthy workplace for all.
- Location of Agency's OH&S policies and procedures: \_\_\_\_\_
- Volunteer duties and responsibilities in relation to OH&S, e.g. safe work practices.
- What happens if a volunteer does not follow the policies and procedures relating to safe work practices.
- Attendance at OH&S training (if applicable).

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

Venue: \_\_\_\_\_

Topic: \_\_\_\_\_

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

Venue: \_\_\_\_\_

Topic: \_\_\_\_\_

- Smoking not permitted in facility/designated smoking areas.
- Agency expectations regarding clothing and shoes.
- Safety issues or hazards you may encounter in your job, e.g. filing cabinet door being left open, water spill on floor. List possible hazards (optional):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- What you should do if you become injured at work.

Report injury to: \_\_\_\_\_

First Aid Officer is: \_\_\_\_\_

First Aid Room is located: \_\_\_\_\_

Accident Book is located: \_\_\_\_\_

## Dealing with Incidents

*You will receive instruction on what to do if one of the following incidents occurs while you are carrying out your volunteer duties. Tick items where instruction has been received.*

- Car accident
- Sickness or injury of a client
- Client becomes aggressive while in your care
- Client is not at home at time of service
- You become sick or injured while with a client

## Handling Workplace Emergencies

*Tick items that have been discussed with you.*

- Agency emergency procedures
- Your role in the event of an emergency
- Location of alarms and fire equipment
- Where emergency telephone numbers can be accessed: \_\_\_\_\_
- Location of nearest emergency exit/s
- Location of evacuation assembly points
- Fire warden/s is: \_\_\_\_\_

## Support provided by Supervisor

*An opportunity to discuss your volunteering experience with your supervisor will be provided in the early weeks of your starting with the agency, preferably during your second week of work. Note below the matters you would like to discuss with your supervisor at that time.*

I would like to learn more about: \_\_\_\_\_



\_\_\_\_\_

I feel concerned about: \_\_\_\_\_



\_\_\_\_\_

Other issues/questions: \_\_\_\_\_



\_\_\_\_\_

Date and time when you will catch up with your supervisor (by phone or in person):

### **Ongoing support**

*Ongoing support to volunteers is important to us. Tick the items that have been discussed with you.*

Importance of an initial work review (i.e., usually takes place after 6 weeks in the job)

Opportunities to participate in regular training and social activities.

Importance of ongoing formal or informal reviews.

*You may be given a volunteer orientation questionnaire to fill in at a later stage. This questionnaire is anonymous. Your feedback helps us to assess and modify our orientation program to suit volunteer needs.*

*Source: Checklist compiled through information from the Volunteer Resource Centres (Eastern Region), Doncare & DHS (Eastern Region)*

# ORIENTATION PROGRAM SIGN OFF FORM

**NAME OF VOLUNTEER:**

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**COMMENCEMENT DATE:**

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**DEPARTMENT AND PROGRAM:**

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An induction program has been completed for the above volunteer.

The volunteer has been welcomed, introduced and informed about their roles/responsibilities, working environment and the agency's policies and procedures.

**SIGNED BY:**

**SUPERVISOR:**

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**VOLUNTEER:**

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**DATE:**

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Thank you for completing the orientation program 😊