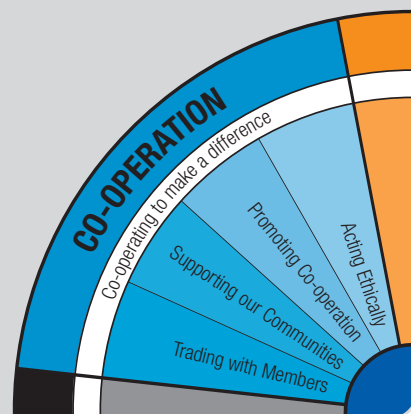


# Team Leader Challenge Pack



Supporting your local community

## Contents

### **Team leader checklist**

Please use the checklist to help you through your challenge.

### **Challenge Agreement Sheet**

This must be completed, signed by both team leader and community group, each keeping a copy (page 8).

### **Health and Safety information, risk assessment and public liability insurance**

Here is a copy of the Risk Assessment that is in the Challenge Agreement sheets. Please send a copy of the completed form to your Community Co-ordinator before the start of the challenge.

If you need any further help please contact your Community Co-ordinator.

### **Feedback forms and hours forms**

Please complete the Team Leader feedback form, and ask the community group to also fill in their feedback form and return to your Community Co-ordinator as soon as you can after the challenge. After completing your team's volunteer hours form, please return to the Community Team as detailed on the bottom of that form.

This pack contains everything you need to complete your community volunteering successfully and safely.

Please complete all sections of this pack as you work through your volunteering.

## Team Leader Checklist

### Planning and preparation

Task	Completed
<ul style="list-style-type: none"> <li>Team leader briefing complete</li> </ul>	
<ul style="list-style-type: none"> <li>In conjunction with the community group, complete the agreement sheet (and copy to group)</li> </ul>	
<ul style="list-style-type: none"> <li>Risk assessment completed (and copy to group and Community Co-ordinator)</li> <li>Give community group feedback form so that it can be completed at the challenge and sent to the community office</li> </ul>	
<ul style="list-style-type: none"> <li>A member of the community group booked to give a short talk to colleagues about their work &amp; the difference the work from the challenge will make (this can be done on the day of the challenge)</li> </ul>	
<ul style="list-style-type: none"> <li>Community Co-ordinator informed of challenge details for PR purposes</li> </ul>	
<p><b>Team fully briefed</b></p> <ul style="list-style-type: none"> <li>Where the challenge is</li> <li>What time they are required to be there</li> <li>How they will get there (consider car share)</li> <li>What clothing they will need</li> <li>Bring a packed lunch if required</li> <li>Sun cream</li> <li>Small equipment colleagues are asked to provide: spade or fork, masks, gloves, plastic bags, paint brushes, dust sheets etc</li> <li>Remind colleagues not to bring valuables with them</li> </ul>	

### On the day

	Completed
<ul style="list-style-type: none"> <li>Go through the risk assessment so everybody is clear on potential hazards</li> </ul>	
<ul style="list-style-type: none"> <li>Show the team where the rest rooms are</li> </ul>	
<ul style="list-style-type: none"> <li>Show the team where they can make tea and coffees</li> </ul>	
<ul style="list-style-type: none"> <li>Go through the day with the team</li> </ul>	

### After the challenge

Task	Completed
<ul style="list-style-type: none"> <li>Complete hours form and return to Community Office</li> </ul>	
<ul style="list-style-type: none"> <li>Complete your feedback form and return to your Community Co-ordinator</li> </ul>	
<ul style="list-style-type: none"> <li>Send any photos to your Community Co-ordinator</li> </ul>	
<ul style="list-style-type: none"> <li>Send any clippings in your local press to your Community Co-ordinator</li> </ul>	

## Project Details

Details of work to be carried out			
Date/s of project		Start time on site	
Will fundraising be required to ensure completion of the project?			
Who from the community group will be available on the day?			
How will Midcounties gain entry?			
Are there any areas of the site Midcounties Colleagues can not enter?			
Is there any part of the challenge that Midcounties are unable to undertake?			

<p>How many people will be required?</p>	
<p>Details of tea/coffee facilities?</p>	
<p>Detail the lunch arrangements?</p>	
<p>Are toilets available on site?</p>	
<p>What are the fire evacuation procedures?</p>	
<p>Who is the nominated first aider?                  NB: this is applicable for any high risk challenge. For guidance ask your Community Co-ordinator. Can be a member of the team or community group.</p>	
<p>Is there a first aid kit on site?                  In case of emergency dial 999</p>	

## Equipment Needed

### Painting Challenge

Item	Community Group to supply	Midcounties to source (fundraise, find sponsor etc)
Gloss Paint		
Emulsion Paint		
Brushes		
Rollers		
Roller Frames		
Extension Poles		
Dust Sheets		
Step Ladders		
Filler		
Sandpaper		
Rubbish Bags		
Misc		

### Gardening Challenge

Item	Community Group to supply	Midcounties to source (fundraise, find sponsor etc)
Forks		
Shovels		
Shears		
Strimmers		
Petrol for above		
Rubbish bags		
Skip		
Misc		

To Whom It May Concern

Date: 01 December 2014  
Our Ref: KT/50909

Dear Sir or Madam

**RE: THE MIDCOUNTIES CO-OPERATIVE LIMITED**

As Insurance Brokers to The Midcounties Co-operative Limited, we can confirm that the following insurance is in place for the period 1 December 2014 to 30 November 2015, both dates inclusive.

**Public/Products Liability**

**Limit:** £10,000,000 any one Event or series of Events due to or arising out of one occurrence irrespective of the number of Persons Insured claiming to be indemnified.

**Insurer:** Liberty Mutual Insurance Europe Limited

**Policy Number:** 1000125144-01

The policy is subject to various terms and conditions.

This document is provided to you for information only. The issuance of this document does not make the person or organisation to whom it is issued an additional insured, nor does it modify in any manner the contract of insurance between the insured and the insurers. Any amendment, change or extension of such a contract can only be effected by specific endorsement attached thereto.

Should the above mentioned contract of insurance be cancelled, assigned or changed during the above policy period in such manner as to affect this document, no obligation to inform the holder of this document is accepted by the undersigned or by the insurers.

Yours faithfully

PP 

Kate Martin  
Senior Account Broker

# Agreement Sheet

I confirm that I have agreed to undertake the challenge detailed within this pack and understand that I have a responsibility to carry out the activity with a duty of care for the community group and to represent The Midcounties Co-operative in a professional manner.

Signed by Team Leader:	
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Print:	
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Date	
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Signed by Community Group:	
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Print:	
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Date	
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Once you & the Community Group have signed the detail above, **YOU MUST** send the completed Risk Assessment to your Community Co-ordinator. Contact details can be found on the volunteering page of the Community intranet pages. This is a legal duty.

Any other additional Comments:



## Health and Safety Information

### Introduction

The Society is eager to ensure that you enjoy the community work you are becoming involved with, however **YOUR** safety must be first and foremost at all times.

The community projects health and safety information is to be used at all times and completed to ensure that the safety of colleagues is managed.

As the 'TEAM LEADER' of the project there is responsibility that you carry for the safety of your team. Prior to undertaking the risk assessment you may find it helpful to consider the following points: -

### Using ladders and steps

No colleagues should be expected to work off the ground in an unsafe way. We recommend extension poles for paint rollers where possible, steps or a scaffold platform. Steps and step ladders should be checked before use to ensure they are in good safe condition. The correct ladders or steps for the job should always be used.

### Electrical Equipment

All equipment must be hired from a reputable source – **COLLEAGUES MUST NOT BRING PRIVATELY OWNED EQUIPMENT FROM HOME – IT MAY NOT BE SAFE**

### Paint Safety

Paint only surfaces that are reachable with an extension pole or at arm's length.  
Store paints, turps, white spirit etc in a safe area. Do not leave lying in access areas as they can cause a tripping hazard and/or fire hazard.

### Lifting safety

Colleagues should not lift items that are too heavy for them – they should ask for assistance.  
Colleagues should follow good manual handling guidelines.  
When carrying garden refuse sacks, you should always wear protective gloves to avoid cuts or abrasions and do not carry bags of rubbish over shoulders in case it contains broken glass or other sharp objects.

### Assistance/Guidance

If you require further assistance or guidance on risk assessment or feel the activity is high risk (you are unable to implement sufficient controls) then you should contact a member of the Health & Safety Team.  
mark.houghton@midcounties.coop or paul.ingram@midcounties.coop

### Accidents

Should an accident/incident occur please follow your usual health and safety procedures and ensure a green incident/accident form is completed on your return to work.

## Risk Assessment Form

<b>Details of Project</b>	
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*A risk assessment is an evaluation of hazards, the likelihood of harm being caused and any factors that can affect the chance and extent of the harm from occurring. A risk assessment should consider both the potential severity of the consequences and the number of people who may be exposed to each hazard.*

Does Project activity fall within definition of “dangerous” under Society’s insurance? (contact H&S Team in unsure)	YES / NO
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### General controls:

- Team Members given induction to the location and they will be informed of all areas which they are allowed to enter and those which they do not need to access.
- Team will not commence with Project until having reported to person in charge of location.
- Project leader must inform Site Management / Health and Safety immediately of any matter which is or could be a safety or fire hazard in relation to the Project they are to perform.
- Project leader must immediately report to the location management any accident, which occurs at the branch. Project leader also to contact Society Health & Safety.
- First Aid supplies and trained First Aider available.
- Suitable welfare facilities in place for both colleagues.
- Colleagues must observe no smoking policy at all times.
- Team to ensure area of Project is be kept clean and tidy so far as possible, and in particular must also ensure; All paths, gangways, aisles, staircases, corridors, floors and doorways are kept free from trip hazards and unobstructed
- Team to wear suitable clothing for tasks.
- Team to ensure that any combustible materials in area of Project are kept isolated from potential ignition sources.
- Team to be mindful that Health & Safety considerations should not be forgotten and to look out for themselves and others, especially due to the possible presence of visitors in the area who may not be aware of the Teams task.
- Fire equipment to be available in suitable locations where relevant to task.
- Any use of COSHH substances such as weed killer – instructions to be followed and people around to be made aware of use.
- Any use of Paints & products – these must be used in accordance with manufacturer’s instructions.
- Any use of stepladders to be assessed for the task and colleagues to use correct equipment for short duration only in accordance with normal Society procedures.
- Any use of equipment to be for short durations only using suitable equipment – minimal risk of WRULD (Work Related Upper Limb Disorders) associated problems.

The information above, whilst not exhaustive, is designed to reflect the range of controls to potential hazards that Colleagues may face.

## Project Specific Controls:

Detail any other issues identified and relevant controls

Potential Hazard	Controls	Residual Risk

Additional controls required – Ongoing vigilance by Leader & Colleagues  
 All concerns to be reported immediately

Monitor & Review – Assessment to be reviewed throughout Project

**IN CASE OF EMERGENCY** – Colleagues should dial **999** immediately.  
 Society Health & Safety should also be contacted as soon as possible thereafter

**Assessment completed by:**

**Date:**

## Team Leader Feedback Forms

To help us gain information from your challenge please can you spend five minutes completing this feedback form for your Community Co-ordinator.





### Details

Name of team leader	
Name of challenge	
Date of challenge	

### About your challenge

How do you feel the challenge went?	
Were there any problems?	
Did we arrange PR?	
Did local press turn up? If so, who?	

**About the process**

<p>How did you hear about community volunteering?</p>	
<p>How satisfied were you with the volunteering pack?</p>	<p>                       1    2    3    4    5              </p>
<p>How satisfied were you with the level of service received from the community team?</p>	<p>                       1    2    3    4    5              </p>
<p>Do you have any suggestions for improving the volunteering process?</p>	

**Additional work**

<p>Did you complete the work agreed?</p>	
<p>If not, have you arranged to complete the work another time? When?</p>	
<p>Have you agreed to provide any further support to the community group?</p>	

## Volunteering Feedback Forms

(From the charity/community group)

To help us gain important information from your recent volunteering activity with The Midcounties Co-operative, please could you complete this feedback form on behalf of your community group?







### Details

Contact Name			
Community Group Name			
Telephone number		Mobile number	
Email address			
Name of team leader from The Midcounties Co-operative			

### Did we make a difference?

How many people benefited from the volunteers help?	
What difference has it made?	
How did you tell people about it?	
Is there an opportunity for us to advertise our support or speak to your group?	
Did local press turn up? If so, who?	

**About the process**

How did you hear about community volunteering?	
How satisfied were you with the Team Leader?	 1    2    3    4    5 
How satisfied were you with the group of volunteers on the day?	 1    2    3    4    5 
How satisfied were you with the final outcome?	 1    2    3    4    5 

**Additional work**

Did the volunteers complete the work agreed?	
If not, has another time been arranged to complete the work? When?	
Are there any other opportunities that Midcounties could be involved in?	
Any additional comments you would like to make?	

Please return this form with any other relevant information to:-

Deby Cullum, The Midcounties Co-operative, Springvale Sports and Social Club, Millfields Road,  
Bilston, West Midlands, WV14 0QR

Email: [Deby.cullum@midcounties.coop](mailto:Deby.cullum@midcounties.coop) Call: 01902 405700

## Community volunteering – recording your work

**Don't forget to record your work and submit your volunteering form for you and your colleagues.** You must complete and return this form each time you do any volunteering. All sections must be completed **IN FULL** otherwise we are unable to record your work and it will not be reported to our Steering Wheel.

Your Name *	
Your Employee Number * <small>(6 digit number you will find on your payslip)</small>	
Your Branch NAME & District No. or Dept. *	

**Please give the name of organisation that you volunteered for and tick the box that best describes what the organisation does \***

Name of organisation:							
School/Educational body		Youth Organisation		Health promotion or support		Disability	
Environmental		Fairtrade		Social need or companionship		Community Hall	
Residential/Nursing home for the elderly		Animal Welfare		Community event e.g. Carnival or Fete		Other Please describe	

Enter the town where the organisation is based *	Enter the county where the organisation is based*

What did you do? *	
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What date did you do it on? *	_ _ / _ _ / _ _ _ _
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How many hours did you do? * <small>(include any preparation and travelling time)</small>	
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Tick if this is the first time you have volunteered for Midcounties	Tick this if you were the Team Leader for this particular project

Please add below the details of your colleagues who also carried out the challenge	
Name and Employee Number Your Branch NAME & District No. or Dept	HOURS COMPLETED

Please return this form with any other relevant information to:-  
 Deby Cullum, The Midcounties Co-operative, Springvale Sports and Social Club, Millfields Road,  
 Bilston, West Midlands, WV14 0QR  
 Email: [Deby.cullum@midcounties.coop](mailto:Deby.cullum@midcounties.coop)  
 Call: 01902 405700