

Chapter 6



Walk Leader Sample Forms

The following forms are intended as a guide to help you incorporate forms of your own that can be used to make your walking group run more efficiently and safely. Feel free to make changes/additions so your group can obtain maximum benefits from using them.

WALK ROUTE PLANNING

CHECKLIST

Name of Walk:	Day:
Start & finish point:	Start time:
Walk duration:	Approx length of walk:
Date commencing:	Date finishing:

✓ **Tick when checked**

- Adequate parking
- Access to public transport
- Contacted local council regarding any path maintenance planned
- Availability of public toilets
- shade
- Points of interest on route (check with Council if unsure eg. History brochure or a recently renovated house for example)
- Check walk route for dangers eg. Uneven path, tree roots, overhanging bushes/trees, busy roads, slippery surfaces, obstacles
- Rest spots for the less fit
- Pre-walk route, time the walk and pace
- Grade route (consider hills, distance and speed to walk in less than 1 hour)
- Are there public telephones on route or do you have a mobile phone in case of an emergency?
- Can the route accommodate shorter alternatives for the less fit. Can they turn around at a shorter point? Are there any short cuts? Include these on your mud map
- Organise time and table numbers with café for social coffee option
- Draw mud map, identify any key landmarks, toilets, rest spots, water fountains etc meeting point, day, time start and finish dates
- Liaise with Co-ordinator to confirm and approve walk route
- Photocopy mud map for participants
- Inform current participants of upcoming route change, date and meeting point



STAY ON YOUR FEET COMMUNITY WALKS

Incident Report Form

Walk Leader's Name _____

Name of Casualty _____

Contact Details _____

Date/Time of incident _____

Place of Incident _____

Description of incident:

Action taken by Leader _____

Action taken by medical assistance (eg GP, ambulance) _____

If a hazard has the local council or management organisation been informed

Yes No

Indicate who was informed of the hazard _____

Further action required? Yes No

If Yes, what action is required? _____

Complete the above and:

1. Phone the Injury Prevention Coordinator to report *(phone No. here)*

2. Fax form to Injury Prevention Coordinator - *(fax No. here)*

Readiness for Physical Activity Questionnaire

The information that you provide on this questionnaire will remain confidential and kept for records of this program only.

Thank you for your interest in our walking program. Before commencing in the program please answer the questions below. For most people physical activity should not pose any problem or hazard. This questionnaire has been designed to identify people for whom it would be wise to have medical advice before starting. Especially if you are increasing your level of physical activity.

Please tick Yes or No for each of the following questions.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor or health professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past month have you had a pain in your chest when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a joint or bone problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any reason why you should not do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been inactive for a long period of time? |

Please advise the walk leader of any other conditions you feel they might need to know about.

I understand that if I answered YES to one or more of the above questions, I should seek medical advice before undertaking a walking program.

If I answered NO honestly to all questions and I am planning to increase my levels of physical activity, I understand that I need to begin slowly and build up gradually.

I understand that although reasonable care is undertaken by the organisers to maximise safety, it is understood that I participate at my own risk.

Signed:

Name (please print):Date:/...../.....



STAY ON YOUR FEET COMMUNITY WALKS

PLANNING

The following prompts might help you with planning your community walk.

Name _____

- 1. Where will you walk?**

- 2. What day and time will you walk?**

- 3. How long will you walk?**

- 4. Can you cater for different fitness levels on the walk?**

- 5. Are there any hazards or dangers on route?**

- 6. Are there toilets, safety, parking, benches on route?**

- 7. What can you do to promote your walk?**

- 8. What support might you need? (eg media release, first aid kit, recruit walkers, SOYF flyers)**

Registration Form

Walk Friendly program is a voluntary group activity and a certain level of mobility is required.

Title _____ First Name _____
 Surname _____
 Address _____
 Suburb _____ Post Code _____
 Phone Number _____ Date of Birth ___/___/___

I want to be a (please circle) Walker or Walk Leader

Medical History

Please list any medical conditions that you may have and medication you are taking that we may need to know in the event of an incident or emergency. For example Diabetes, Heart Disease, Epilepsy or other condition.

Condition	Medication

Local Doctor

Name _____
 Address _____
 Suburb _____ Post Code _____
 Phone Number _____

Emergency Contact Details

In the event of an emergency we will notify the person listed below.

Name _____
 Relationship _____
 Phone Number _____

If an incident arises where I may need medical attention I authorise for medical attention to be sought on my behalf. I will bear the cost of ambulance transport.

Signed:

Name (please print):**Date:**/...../.....

Which of the following applies to you? You may tick more than one box

- I use a walking aid yes/no if yes, describe** _____
- I have been inactive i.e. walk less than 15 minutes per day for 12 months**
- I walk with the support or supervision of another**
- I participate in other activities. Please describe these**
- _____

- **Before commencing the Walk Friendly Program we suggest that you consult your doctor to discuss any health concerns.**

Reasonable care will be taken by the organizers to maximize safety, it is understood that I participate in the walking groups at my own risk.

Signed _____ **Date** _____

Position Description of Volunteer Walk Leader

Duties

- Attend Walk Leader Education Sessions and updates
- Facilitate a group of people on walks around the community or in a shopping centre
- To lead the group in warm up, stretching, the walk and cool down exercises.
- Raise awareness of falls prevention and the Stay On Your Feet WA campaign
- Keep a written record of people attending each walk and forward this to Health Organisation
- To wear walking group t-shirt and first aid belt so to be identified as the walk leader
- To carry a mobile phone where possible
- In the event of a medical emergency to call an ambulance and administer basic first aid
- Organise a social gathering for the walking groups. For example a morning tea after the walk
- Organise guest health speakers for periodic health session after walks
- Liaise with Volunteer Coordinator/ Manager at Health Organisation
- **Complete the SOYFWA Evaluation whenever you undertake your SOYFWA role**
- Provide a verbal progress report at SOYFWA support meetings
- Write a brief, bullet-point report every 6 months on your activities and progress.

Skills required

- Core Skills
- Open friendly, approachable manner
- Punctual
- Enjoy walking and physical activity
- Ability to complete warm up and cool down exercise and to walk for 30 minutes
- Ability to motivate others
- Good interpersonal skills explaining listening and being open and approachable

Training Required

- Stay on Your Feet WA Orientation Training level 1,2,3
- Stay On Your Feet WA Walk Leader Training, 4e,
- Ongoing Support of Volunteers 5

Resources

- Stay On Your Feet WA educational materials
- Stay On Your Feet Book
- Stay On your Feet WA information resources
- Stay On Your Feet WA Walk Leader training materials
- T-shirt
- Waist bag, first aid kit, pen, Book, water bottle, asthma travel spacer and medication

Time Requirement

It is estimated that there will be two walks per week, for the duration of an hour. In addition there is attendance at regular support meetings, campaign events and ongoing training. Allow time to attend the Volunteer Christmas Party and other events of interest.

Evaluation

To support the organisation in compiling the end of year written report for the Department of Health, each Stay On Your Feet WA Volunteer Walk Leader will need to complete a Walking Group evaluation form. The form records the date of each walk, the number of participants attending each walk. At regular progress meetings provide a verbal progress report.

Reimbursement

The organisation in line with their Reimbursement Policy, can reimburse expenses associated with being a Stay on Your Feet Volunteer if you keep records and receipts. For example this may cover mileage and morning tea.

AGENCY/VOLUNTEER AGREEMENT FORM

[Agency name] has undertaken to deliver specific services to the community. We have a duty of care to clients and to volunteers who are delivering these service. This agreement signifies the importance we place on your volunteer effort and our commitment to ensuring that it is a positive experience for you.

AGENCY: *[Agency name]*

This agency accepts the services of _____ as a
Volunteer Walk Leader from ____/____/____ and this *[Agency name]* is committed

- to provide information, training and support to enable the volunteer to meet the responsibilities of being a volunteer Walk Leader;
- to provide professional supervision and feedback on performance of the volunteer;
- to respect the skills, dignity and individual needs of the volunteer, and make every effort
- to ensure satisfaction and mutual respect as an equal partner with ICCWA staff in the workplace;
- to accept feedback and constructive suggestions for our mutual benefit from the volunteer, in joint responsibility for achieving the agency mission.

VOLUNTEER: _____

I agree to accept the volunteer opportunity offered by *[Agency name]* being a
Volunteer Walk Leader

as from ____/____/____, and I am committed

- to carry out the tasks assigned me as a volunteer walk leader to the best of my ability;
- to recognise the principles of volunteering, the codes of practice and policies of the agency;
- to complete all record keeping requirements and maintain confidentiality of all agency and client records;
- to meet all allocated commitments on time and with due diligence, or provide adequate notice if unable to do so in order that alternative arrangements can be made;
- to recognise my responsibilities and act at all times as a member of the agency team in accomplishing the mission of the agency.

AGREEMENT SIGNED:

Volunteer: _____ Date: ____/____/____

Agency Representative: _____ Date: ____/____/____

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Further Information

Websites

These are some websites that we have found which may be of interest to you. Always check information with health professional.

Injury Control Council of WA

www.iccwa.org.au

Heart Foundation Just Walk It

www.justwalkit.com.au/

Physical Activity Task Force

www.patf.dpc.wa.gov.au/

Walking Sisters Together Move More Eat Better

www.niddk.nih.gov/health/nutrit/pubs/walksis.htm

Strengthen Your Walking Ability

www.pletal.com/Consumer/3_2.asp

Ten Walking Mistakes to avoid

walking.about.com/library/weekly/aa013100f.htm

Walking The Way To Health

www.whi.org.uk/

For contact names of other walking groups please refer to Walk There Today Find Thirty Walking Guide 2003-2004

Leaders Resources

- ❖ Walk Friendly Walk Leaders Training Manual
- ❖ Find 30 Campaign Resources
- ❖ Stay on Your Feet Resources
- ❖ National Physical Activity Guidelines
- ❖ Eat Well For Life Resources
- ❖ Walk There Today Find Thirty Walking Guide 2003-2004
- ❖ Seniors Recreation Council Add Life to Your Years