

STEWARDS GUIDELINES for SKLPC (UK) MELA

Dear Steward

Thank you for volunteering your services as a steward at the SKLPC (UK) Mela for *this Calendar Year*

This form is to be completed ANNUALLY. Any changes to Personal details to be reported **prior to the Event**.

Please tick below for events you plan to volunteer your services for *this Calendar Year*.

All stewards are required to adhere to the following guidelines, sign their acceptance below and **return this form** to the SKLPC (UK) steward coordinator.

1. Stewards are expected to conduct themselves in a safe and responsible manner and not to act in a way that may put themselves or others at risk.
2. Consumption of Alcohol, illegal substances and Drugs at any SKLPC (UK) event is strictly prohibited.
3. SKLPC (UK) cannot accept responsibility for the loss and/or damage of their personal belongings.
4. Stewards have to be 16 years of age or over.
5. Stewards are required to register their attendance at the start and end of their shift with their team leader.
6. Stewards need to be familiar with the site layout and facilities and attend the Safety Induction.
7. Stewards need to be familiar with the Health & Safety procedures.
8. Stewards will complete Personal and Emergency/Health details below & Report changes BEFORE the event.
9. Stewards are expected to wear Steward ID Badge at all times.
10. Stewards are required to report any suspicious packages and any H&S issues to your Team Leader.

Please COMPLETE and return this form to your Team Leader or steward co-ordinator.

Team : _____		Team Leader: _____	
PERSONAL DETAILS		Steward Pass/ID No: _____	
STEWARDS NAME:	GAAM:		
HOME ADDRESS:	POST-CODE:		
Email Address			
PHONE:	HOME:	MOBILE:	
AGE (in Years):	Tick one of the Box ... 16-20 ; ... 20+ ; ... 30+ ; ... 40+ ; ... 50+ ; ... 60+ ; ... 65+ ...		
NEXT OF KIN DETAILS (For Emergencies)			
In case of emergency, Contact Name / Address & Relationship to You.			
Emergency contact's Home Phone:		Mobile:	

If you have had medical/physical conditions likely to be affected by any of these tasks, or which may limit your activities as a steward, please tick if you are suffering from; or have suffered from:

... Diabetes ... Heart Condition ... Blood Pressure ... Asthma ... Back Problems ... Epilepsy/Fits

Provide brief details of any other medical problems. Please use the reverse side of this slip if required (No answer needed if of a personal nature that will NOT affect your work and is not contagious.)

- 1) I have read and understood the guidelines of Stewarding at SKLPC (UK) Events for this **Calendar Year**
- 2) I am 16 years of age or over. I understand that SKLPC (UK) reserve the right to terminate my stewardship.
- 3) This information will be stored in a secure location and will be held securely for Three Years. It will be used for Auditing/Health & Safety purposes and only accessed by authorized SKLPC (UK) personnel.

STEWARDS'S SIGNATURE: _____

DATE: _____

Area of Service

(Please select **ONE** area in which you would like provide service for your Samaj)

Car Park - Front Field

- Manage Front Car Parks

Car Park - Back Field

- Manage Back Field Car Park
- Issue Food Vouchers

Internal Security

- Internal Security at all Entry + Exits
- Crowd Control

Event Setup

- Setup stage, food stalls + Expo area
- Stage Decoration
- Electrical work
- seating setup
- banners setup

Kitchen

- Kitchen / Dining Area setup
- Food Preparation + Cooking
- Food Serving
- Food Stalls
- Food Queue Management
- Dining Area Seating Management
- Drink Stations
- VIP + Elderly + Children + Less Abled Serving Area (Fast Track)

Culture Programme

- Back Stage
- Assist Participants
- Choreography

Public Relations

- Liaise with Corporates, Professionals and Donors
- Meet & Greet, Seating & Lunch Provision

Kids Zone

- In Kids Zone on Event Day

Health & Safety

- Volunteers Induction
- Event Day First Aid (trained)
- General Health & Safety

Treasury

- Donation Desks
- Sale of Raffle Tickets
- SKLPC Membership
- Sale of Food Stall tokens
- FT Magazine Distribution**
- Information Desk**

Signature: _____

Name: _____

Mobile / Phone No.: _____