**Volunteer Counsellor Application Form**

**Information about You:**

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| --- | --- |
| First Name (as in NRIC / Passport): | Last Name (as in NRIC / Passport): |
| Date of Birth: | Nationality: |
| Name of Clinical Supervisor: | Supervisor Email/Contact: |
| Any current or past Criminal Charges or investigations by authorities against you?  (Yes/No) | If yes, please provide more info: |

**Volunteer’s Undertakings and Agreements:**

I understand that the approval of my application to be a volunteer is at the sole discretion of ItAllStartsHear.SG Pte. Ltd (“the Company"). The role that I will primarily carry out as a volunteer is as a volunteer counsellor (“Services”).

I confirm that I have the requisite ability and expertise, and am fit, to properly discharge and perform the Services.

I have or am undergoing the appropriate counselling training, and with all referrals through ItAllStartsHear.SG will adhere to the code of ethics that guide the counselling profession in Singapore, most prominently via the Singapore Association of Counselling (SAC) Code of Ethics which can be found at https://sacsingapore.org/membership/code-of-ethics.

Either I or the Company may, on written notification to the other party, terminate my role as a volunteer at any time and without assigning any reason. If my role as a volunteer is terminated, I will cooperate with the Company to effect a prompt and orderly handover of my work under the Services.

**I CONFIRM that i have agreed to become a volunteer and perform services entirely on my own volition and at my own risk. I will not AT ANY TIME hold the Company, its officers, employees or volunteers liable for any claims made against me by any person, any cost or loss that I may suffer or incur, or any mishap or injury that may occur to me, arising from or in connection with my agreement to become a volunteer or the performance of the Services.**

I acknowledge and agree that the Company owns all right, title and interest in the name and mark “ItAllStartsHear.SG” and all of its associated platforms.

**Volunteer Personal Data Consent:**

I confirm that personal data about myself that I provide to the Company is true, complete and accurate in all respects. I agree that the Company may collect, retain and use such personal data (which may include, without limitation, my name, photograph and other audio visual information, biodata, profile) for the following purposes:

* Managing the relationship between the Company and myself;
* Verification of personal data I have provided to the Company;
* General administration and running of the Company’s operations and activities;
* For any purpose connected to the Services, including, where applicable, marketing of the Company’s services (including display of my profile on the Company’s public platforms and marketing materials, both electronic and physical);
* Responding to, handling and processing any queries, applications, complaints and feedback relating to the Services;
* Complying with applicable laws, regulations, codes of practice, guidelines or rules, or to assist in law enforcement or investigations conducted by any competent authority;
* Any other purpose for which you have provided the information; and
* Any other incidental purpose related to the above.

I agree that the Company may continue to retain and use my personal data for as long as it is necessary to fulfill the purpose for which it was collected, or as required or permitted by applicable law.

**Volunteer’s Confidentiality Undertakings:**

I agree and undertake that I will hold all Confidential Information (as defined below) in strict confidence. I will not use or allow the use of Confidential Information for any purpose, or disclose or allow the disclosure of Confidential Information to any person, except:

* in connection with the due and proper discharge of the Services and my role as a volunteer;
* as authorized or required by the Company in writing;
* disclosure of counselling case details in Company approved group learning and sharing sessions and platforms among volunteers for purposes of training and learning, save that in such cases, any personally identifying details of the person receiving counselling (“Beneficiary”) shall not be disclosed;
* if required to do so by an order of court; and
* pursuant to any law or regulation.

Confidential Information includes:

* Any and all details pertaining to a counselling case (“Case”) that is undertaken by the Company, including cases that I am personally involved in as part of the Services, or that I may otherwise become aware of as a volunteer;
* Any and all personal data belonging to a Beneficiary, another volunteer or any officer or employee of the Company;
* Any operational, technical, business or financial information concerning the Company or its plans or activities that I may become aware of;
* Any information that the Company states is confidential, or which, by its very nature, ought to be treated as confidential.

I confirm and agree that any and all notes, memoranda, summaries, or other material derived from or containing any Confidential Information (whether contained or set out in any electronic or physical media) (“Documents”) is regarded as Confidential Information. At the request of the Company made at any time, for the purposes not limited to facilitating the referral of clients to another counsellor or instances pursuant to any law or regulation, I shall promptly deliver all and any Documents in my possession or control, including any copies thereof, to the Company.

I confirm that I shall promptly report to the Company any instances that come to my attention in the course of providing Services any persons who are in danger of harming themselves and / or others, including but not limited to self-harm, domestic or child abuse.

For the avoidance of doubt, I confirm that my undertakings in this section survive the termination of my services as a volunteer.

**Name of Volunteer:**

**Signature of Volunteer:**

**Date:**