

## VOLUNTEER FORM PERSONAL PARTICULAR

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

NRIC No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female

Marital Status:  Single  Married  Divorce

Address: \_\_\_\_\_

\_\_\_\_\_ Singapore \_\_\_\_\_

Tel: \_\_\_\_\_ (Home) \_\_\_\_\_ (HP)

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_  
Signature/ Date

### OFFICIAL USE

Enforcement Date : \_\_\_\_\_

Officer : \_\_\_\_\_

Department Attached : \_\_\_\_\_

Remarks: \_\_\_\_\_

## CONFLICT OF INTEREST & DISCLOSURE STATEMENT

With regard to my employment with Just Parenting Association, I hereby declare;

YES	NO	DISCLOSURE;
		I am affiliated to another charity?
		Affiliated to any vendor, supplier, or any other party providing or bidding for providing services, having a direct or indirect interest in any business transaction(s), agreement and/or investment with Just Parenting Association?
		Having any other business dealings or transaction with a vendor, supplier or any other party which could result in benefit to me?
		I or person(s) I have affiliation with have interest in purchasing services from Just Parenting Association?
		Affiliated to any staff from Just Parenting Association?
		Affiliated person(s) is involved is a party to or have an interest in any pending legal proceedings involving Just Parenting Association?

Please elaborate on the potential conflict arising from the above situation with regards to the transaction concerned (e.g. nature of service / transaction, if affiliated person involved, the identity of the affiliated person and your relationship with that person):

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I \_\_\_\_\_, hereby confirm that the disclosure made above are complete and correct to the best of my information and belief. I shall not be participating in the discussion and decision making of this matter. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with the conflict of interest policy, I will notify (the Board President or Executive Director) immediately.

## CONFIDENTIALITY AGREEMENT

I. Purpose.

The purpose of this Confidentiality Agreement is to protect the identity and privacy of our clients. Volunteers at the organisation will encounter personal and sensitive information about clients. This is particularly true when assisting families that have been rendered homeless or facing social issues. Therefore, it is very important to refrain from disclosing any information to third parties about our clients to avoid causing them harm.

II. Confidential Information.

Confidential client information should never be discussed in the presence of third parties, except under the Terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the Terms outlined below. Confidential information includes, but is not limited to, the following:

1. Identifying information about the client, including name, address or phone number;
2. Information relating to the client's family;
3. Information regarding the client's housing status;
4. Information about the abuse, trauma, and/or persecution experienced by the client; or
5. Any other information that would identify the client or potentially place the client and/or family members at risk.

III. Terms.

By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:

1. All communications between board members, organisation management committee, staff, volunteers, and clients are confidential.
2. The volunteer shall not disclose confidential information to a third party without the client's express consent to release such information.
3. The volunteer shall not disclose confidential information to a third party without organisation's knowledge and consent.
4. I understand that as a volunteer, I have a duty to keep client information confidential throughout my term as well as after my term ends.
5. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my voluntarily involvement with Just Parenting Association

I, have read the above the Agency's Confidentiality Agreement and understand its terms and my responsibilities as a volunteer of Just Parenting Association.

**PART E – DECLARATION**

I hereby confirm that the information given and disclosure made above are complete and correct to the best of my information and belief.

SIGNATURE:	
DATE:	