

## **VOLUNTEER REGISTRATION FORM 'A'**

Please note, this form is for Ghanaian Counsellors only

Name:
Gender:
Date of birth
Nationality
What is your nationality?
Faith/Religion
Languages You Speak
Institution
Name Of Institution
Condon trino
Number of counsellors
Year Guidance and Counselling Services was introduced in the institution
Current Location:
Where are you currently staying (town, constituency, district, region)?
DOMINION LEADERS FOUNDATION
Contact Information:
Postal Address, Email, Phone, Social Media Handles
Availability
Days/Hours available for volunteering:



Skills and Expe	erience:	
list relevant skill	ls	
relevant qualific	ations	
previous volunte	eer or work experiences	
Organisation	Experience	Year
	DIF	
D	OMINION LEADERS FOUNDATION	
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	ant to Volunteer With DLF?	



## **Expectations:**

Share your expectations from you	ur volunteer experienc	e, including wha	it you hope to gain or
achieve through your service			
Disabilities:			
Do you have any disabilities or n	nedical conditions tha	t could impact yo	our ability to perform
certain volunteer tasks? If yes, ple	ease provide details		
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## **Privacy and Consent:**

At Dominion Leaders Foundation, we deeply value the trust and support of our volunteers. We understand that the security and confidentiality of your data is of paramount importance. Therefore, we are committed to upholding the highest standards in safeguarding your information. We assure all our volunteers that:

**Data Confidentiality**: Your personal and organisational data will be treated with the utmost confidentiality. We will not disclose, share, or sell any of your information to third parties without your explicit consent.

**Compliance**: Dominion Leaders Foundation complies with all relevant data protection laws and regulations.

**Limited Access**: Only authorised personnel within our organization will have access to your data, and they are trained to handle it with the utmost care and respect for your privacy.

**Data Retention**: We will only retain your data for as long as it is necessary to fulfill the purposes for which it was collected. Once it is no longer required, we will securely dispose of it.

**Transparency**: Should there ever be a need to update our data handling practices or policies, we will communicate these changes to you transparently and seek your consent where necessary.



**Consent**: We will always seek your explicit consent before using your data for any purpose not previously agreed upon.

Dominion Leaders Foundation is dedicated to maintaining your trust by ensuring the security and confidentiality of your data. We are committed to promoting transparency, accountability, and best practices in data protection.

Thank you for your invaluable support and for being part of our mission to make a positive impact in Ghana.

## **Emergency Contacts:**

Please provide the contact information for a person who can be reached in case of emergencies during your volunteer period with DLF.

Name:	Phone:
References:	
Referee 1	Referee 2
Name	Name
Relationship to you	Relationship to you
EmailPhone	
Agreement: DOMINIO	N LEADERS FOUNDATION
I hereby agree to volunteer my understand that my participatio	time and skills to support Dominion Leaders Foundation. In is voluntary.
Signature:	Date: