

Spiritual Care Support Ministries, Inc. Annual Counselor Commitment Agreement

For the calendar year _____.

Are you a Lay or Pastoral counselor? Please check one: Lay Pastoral

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I am a member in good standing of _____ church.

Our Ministry is a sacred trust from the Lord and requires a serious commitment on your part. As a member of SCSM Counselors Team, we ask you to covenant with the Lord and the SCSM ministry team to:

- Commit to be an active part of the SCSM team, and to pray regularly for the growth and success of SCSM's programs, leadership, staff, volunteers, and for those who have turned to us for assistance through this ministry.
- Attend any mandatory counselor meetings and any other required training unless unable to do so because of an emergency, or the absence has been predetermined and preapproved by the Executive Director.
- Attend supervisory sessions, as needed, during the time you are actively seeing clients.
- Maintain professional boundaries by refraining from social activities with clients while counseling them. If you find that there may be a connection with a client or a personal relationship develops, you will immediately report it to the President and allow a new counselor to be appointed.

Additionally, please attest to the following and initial.

I have read, and am familiar with the following SCSM documents:

- SCSM Mission Statement, Vision, Values, and Statement of Faith
- SCSM Client Agreement
- SCSM Client Intake

- SCSM Policies and Procedures
 - o Dress Code
 - o Inclement Weather
 - o Children at the Center
 - o Pets at the Center



I have read and signed the following SCSM documents:

- SCSM Volunteer Agreement
- SCSM Facility Use Agreement
- SCSM Confidentiality Agreement
- SCSM Code of Conduct Agreement
- SCSM Waiver and Release of Liability Agreement

Your signature on this form confirms that you have read and agree with the above requirements.

Print Name

Signature

Date