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| (ORGANIZATION)(Organization Mailing Address) |
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 **Volunteer Confidentiality Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*please print name*) acknowledge that I am aware that some of the information I will handle or have access to in the course of my work as a volunteer of ORGANIZATION is confidential.

I will not disclose, communicate or allow to be disclosed, directly or indirectly, to any person who does not require such information in the course of their duties with ORGANIZATION, any private or confidential information whatsoever, obtained by me in or about the performance of my duties by virtue of the position or placement of a volunteer with ORGANIZATION.

I will not allow any person or persons not entitled by law to such information, to inspect or have access to any written statement, departmental record, roll, correspondence, plan, computerized record, document or any other paper of a private or confidential nature, and I will conscientiously endeavor to prevent any person or persons not entitled from inspecting or having access to any such confidential information.

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Signature

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Date