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Volunteer Confidentiality Agreement

Important: Please read all sections below. If you have any questions regarding this agreement, please contact the director before signing.

Volunteer Name (Please print): _____

I recognize that the services the Family Resource Center (FRC) provides for families are confidential. To enable the facility to provide those services, families at times share with the staff confidential information concerning their affairs. While volunteering with the FRC, I agree that, except as directed by the facility, I will not at any time during or after my volunteer time disclose any such information that I may overhear or be exposed to, to any person whatsoever. Protecting confidentiality is primary to the operation of the FRC.

I recognize that the disclosure of such information by me may cause irreparable harm to the family and to the Family Resource Center and that accordingly, the family or the Family resource Center may seek any legal remedies against me which may be available.

I have read the above statements and I understand them.

Volunteer Signature

Date