

Promise of Confidentiality

I understand that, in the course of my duties with the Emergency Shelter of the Fox Valley, I may learn certain facts or other information about clients, staff, and other volunteers that are personal and confidential in nature. I understand that such information must be treated as completely confidential and privileged.

I agree:

- Not to disclose any information of a personal or confidential nature via any means to anyone not authorized to have this information by Emergency Shelter of the Fox Valley
- That authorized sharing of confidential information must be done discreetly. (Authorized sharing of information also pertains to one-time, one-place. It does not mean that specific information can be shared from that point on to whom one deems appropriate.)
- Not to act as an official spokesperson for the Emergency Shelter of the Fox Valley without the express consent of the Executive Director.

Volunteer Name (please print)

Volunteer Signature

Date

Agency Representative

Date