

VOLUNTEER AGREEMENT

SCHOOL: Immaculate Conception School

Volunteer Name: _____

Address: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ POSITION: _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

Students who attend **Immaculate Conception School** have the right to expect that information about them will be kept confidential by all volunteers. Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrator.

- You may not share information about a student even with others who are genuinely interested in the student's welfare, such as parents, social workers, scout leaders, clergy or nurses/physicians. Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student's teacher or principal.
- Parents, friends, or community members may in good faith ask you questions about a student's problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information about a student even with members of your own family or the student's family.
- Before you speak, always remember that violating a student's confidentiality isn't just impolite, it's against the law!

AGREEMENT

I, (print name) _____, as a volunteer for **Immaculate Conception School** agree never to disclose information about a student to anyone other than an authorized school employee. I will refer all requests for such information from those not directly involved in the student's education to authorized school department employees. I understand that violation of this confidentiality agreement will result in immediate termination of my volunteer status at **Immaculate Conception School** and possible exposure to fine or civil penalties.

Signature: _____ Date: _____

Witness _____ Date: _____

Family Name: _____