



VOLUNTEER CONFIDENTIALITY AGREEMENT

As a volunteer of The Glebe Centre I understand that I may have access to confidential information, both verbal and written, relating to residents, clients, volunteers, staff and the organization. I understand that in the course of my volunteer work, I may learn facts about individuals, residents, clients, staff and other volunteers that are of a confidential nature. Examples of this information may include medical conditions, resident/client status, family relations, home or work phone numbers and other personal information.

I understand that the Coordinator of Volunteer Services, my immediate supervisor or the Director of Human Resources are available to me should I have any confidentiality questions or concerns.

I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at this organization. I will respect the privacy of the people whom I serve.

I also agree not to discuss these same matters after I have left my volunteer position at this organization.

I will not disclose any information to the media or share any information about residents and clients in any social media format other than to acknowledge my volunteering commitment to The Glebe Centre.

I further understand that breach of this agreement shall constitute grounds for and may result in termination of my volunteer status with this organization, except where such disclosure is consistent with stated policy and relevant legislation.

Please sign below to indicate your acceptance and agreement with these terms outlined above.

Date

Signature

Print Name

Date

Witness Signature

Print Name