



Confidentiality Agreement

I acknowledge and understand that it is my duty, as a volunteer of Regeneration Outreach Community, to uphold the rights and confidentiality of all information I gain from Regeneration. This includes, but is not limited to, information regarding guests, other staff members, administrative operations and any other information accessed through agency records.

By reviewing and signing the attached policy, I understand and agree to the following:

- i. I will respect the right to privacy for all individuals that are involved in Regeneration, and will keep confidential all personal information I gain as a volunteer. I will not discuss, or disclose information in any other way, that concerns any individual I am in contact with at Regeneration.**

- ii. I will respect the confidentiality of information regarding Regeneration, including information accessed through agency records, or Regeneration administrative operations. I will not discuss, or disclose information in any other way, that concerns Regeneration outside the agency.**

I understand that any violation of this confidentiality agreement will result in disciplinary action, which can include termination of my volunteer position at Regeneration.

I, _____, have read this Confidentiality Agreement, understand its contents and agree and will abide to the terms given. This signed agreement will be held on file in Regeneration's records.

Volunteer Signature: _____

Date: _____

Witness Signature: _____

Date: _____