

Volunteer Confidentiality Agreement

By signing this form, the respondent agrees that any information given while volunteering with The Neighborhood Center of West Volusia is to remain confidential outside of the Neighborhood Center. This includes, but not limited to, client information, personal conversations, staff information, or other relevant Neighborhood Center information. In the event information regarding these areas should need to be disclosed to other agencies, law enforcement or medical professionals, the respondent agrees to notify staff to attend to the exchange of information. This information is otherwise confidential to the other clients, family members of the clients and other public entities and individuals.

Volunteer Signature: _____

Volunteer Name (print): _____

Date: _____