



Langs
VOLUNTEER CONFIDENTIALITY FORM

This Agreement made this _____ day of _____, 20__

BETWEEN

LANGS

-AND-

I understand that all information directly or indirectly acquired in the course of volunteering is confidential. I will respect the privacy of staff, Leadership other volunteers, participants and patients. (i.e. if I see someone I know, I will respect their privacy and not ask who they are here to see or what service they are accessing) I, the undersigned do willingly promise to hold in confidence all matters that come to my attention during my volunteering with Langs.

I understand that should I not abide by this requirement, I may be suspended or my volunteer position terminated.

SIGNED:

(Signature of Volunteer)

WITNESSED BY:

DATE:
