

## Volunteer Confidentiality Agreement

N	AME: POSITION:
ari inf nu inc ori inc	public body must protect personal information in its custody or under its control by making reasonable security rangements against such risks as unauthorized access, collection, use, disclosure or disposal. Personal formation is any recorded information about an identifiable individual including; their name, address, telephone imber or email address; birthdate; personal education number or other identifying numbers assigned to the dividual; race, national or ethnic origin, colour, religious or political beliefs or associations; age, sex, sexual itentation, marital or family status; fingerprints, blood type or inheritable characteristics; health care history, cluding mental or physical disability; educational, financial, criminal or employment history; photographs and/or deo footage in which the individual can be clearly identified.
ele an	I individuals with access to records, documents or information (in whatever format, i.e. hard copy, verbal, ectronic, etc.), which contain personal or confidential information, are responsible for maintaining the integrity of confidentiality of those records. A person who contravenes section 30.4 (unauthorized disclosure) of the eedom of Information and Protection of Privacy Act, commits an offence.
	onfidential information is not to be disclosed to anyone. Student information, employee information, district formation is meant to be used internally and only disclosed in very limited purposes.
Ind	dividuals who have access to personal or confidential information:
1.	Must acknowledge that they understand the obligation to protect the personal and confidential information of the district.
2.	Must not release personal or confidential information to any person without the express consent of the school principal.
3.	Must <b>only</b> make use of personal or confidential information for the purpose for which it was disclosed to them.
4.	May not make any copies of any records containing personal or confidential information and to return any records provided to them in the course of acting as a volunteer to the district.
PI	ease sign the statement below.
Ιh	ave read and understand and will adhere to the above policy.
Na	ame (Please print) Signature Date

Signature

Witness (Please print)

Date