

CONFIDENTIALITY AND NON-DISCLOSURE
AGREEMENT FOR VOLUNTEERS

I, _____, as a volunteer with SEESA, understand that I may have access to confidential information, both verbal and written, relating to members, volunteers, the public, staff of SEESA and the organization. Information may have been gained through a social encounter, through personal knowledge, or through executing my Volunteer duties.

I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my Volunteer position at SEESA.

I also agree not to discuss these same matters after I have left my Volunteer position at SEESA.

I further understand that breach of this agreement shall constitute grounds for and may result in termination of my Volunteer status with SEESA.

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

Volunteer Signature:

Date:

Staff Witness:

Date: