

Volunteer Confidentiality Agreement

Child's Name: _____

I acknowledge that in my capacity as a volunteer with the North Gower Cooperative Nursery School, there exists the possibility that I may be privy to information about a particular child (e.g. behaviour patterns, emotional maturity, relationship with others, etc.). I will be careful not to share this knowledge in the community, outside the school environment.

I will also maintain the confidentiality of student, staff and school issues.

Volunteer #1

Print Name: _____

Signature: _____

Date: _____

Volunteer #2

Print Name: _____

Signature: _____

Date: _____

Volunteer #3

Print Name: _____

Signature: _____

Date: _____

Personal information gathered by NGCNS is kept in confidence. Our personnel are authorized to access personal information as needed. Safeguards are in place to ensure that information is not disclosed or shared more widely than necessary. We also take measures to prevent it from being lost or destroyed.

Please complete this form and return it in your registration package.