

Nonprofit Employee Confidential Information Disclosure Form

This form is provided to ensure that all confidential or sensitive information disclosed to the employee, or discovered during employment at the organization, remains protected.

Employee Information

Employee Name

Position/Title

Department

Start Date

Confidential Information to be Disclosed

Description of Confidential Information

Terms and Acknowledgement

I acknowledge that I have received confidential information as described above and understand that I am required to maintain its confidentiality in accordance with the organization's policies and relevant laws. I agree not to disclose, copy, or use this information except as authorized by the organization.

Employee Signature

Date