

Student Volunteer Confidentiality Agreement Form

Student Name

School

Volunteer Role

Supervisor

Confidentiality Agreement

As a student volunteer, I understand that during the course of my volunteer work, I may have access to confidential and sensitive information. I agree to maintain the confidentiality of all information concerning staff, clients, or operations that I may learn during my volunteer activities. I will not disclose any such information to anyone outside the organization, and will only discuss confidential matters with authorized personnel as required for my role.

I acknowledge that failure to abide by this agreement may result in termination of my volunteer position and other appropriate action.

☐

I have read and understand the above confidentiality agreement.

Student Signature

Date

Parent/Guardian Signature (if under 18)
