

Volunteer Confidentiality Agreement

This Volunteer Confidentiality Agreement (the "Agreement") is entered into to ensure the protection and non-disclosure of confidential information associated with the organization and its affiliates.

1. Parties and Date

Organization Name:

Volunteer Name:

Agreement Date:

2. Confidential Information

During the course of my volunteering, I may have access to confidential, proprietary, or personal information regarding the Organization, its clients, donors, employees, and other volunteers. "Confidential Information" includes, but is not limited to, medical records, financial data, personal contact information, business strategies, and unpublished documents.

3. Non-Disclosure Obligations

As a volunteer, I agree to the following terms:

- I will keep all confidential information strictly private and will not disclose it to any third party.
- I will use the confidential information solely for the purpose of performing my assigned volunteer duties.
- I will not copy, reproduce, or store confidential information on any personal device or public cloud service.
- Upon termination of my volunteer services, I will return all documents, files, and materials containing confidential information to the Organization.

4. Duration of Agreement

The obligations of confidentiality under this Agreement shall survive the termination of my volunteer service with the Organization indefinitely, or until such time as the Organization releases me from this obligation in writing.

5. Acknowledgment and Consent

By filling out and signing below, I acknowledge that I have read, understood, and agree to comply with all terms and conditions of this Agreement.

Volunteer Signature (Printed):

Date signed:

Organization Representative Name:

Organization Representative Signature:

Date signed: