



STATEMENT OF CONFIDENTIALITY

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code
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Home Phone#	Work Phone #	Mobile Phone #
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Organization/ Employer	Email
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1. I understand that all information about the Center Against Sexual & Family Violence, Inc. (CASFV) clients is confidential I will not discuss any client or client-related matter (i.e., name, address, phone number, occupation, etc.) with anyone including family.
2. I understand that I am not to give out the address of the emergency shelter or bring friends or family to the emergency shelter unless they are working in an approved capacity for CASFV.
3. I understand that all information about the Center Against Sexual and Family Violence, (CASFV) grants, contracts, and financial information is confidential. I will not discuss any finance related matters with anyone not designated by the Volunteer Coordinator, Director of Administration and/or the Executive Director.
4. I understand that these conditions apply to me while I am contracting or sub- contracting with CASFV and continue to be binding after my current working relationship with CASFV ends.
5. I understand that for the safety of everyone involved, I must not be alone with any CASFV client(s), whether adult or child, at any time.
6. I understand that as a visitor to CASFV, the above statements also apply.

I have read and understand the above-mentioned information. Failure to honor this statement may result in possible prosecution.

Signature: _____

Date: _____

Witness: (CASFV staff member) _____