

VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that ALL information regarding cases, recipients and staff is strictly confidential. Any questions should be directed to Silver Sage Meals on Wheels staff.

I also understand that confidential information is only given to me if it pertains to my volunteer duties and that no copies or originals of any confidential information must ever be removed from Silver Sage Meals on Wheels offices. I further understand that, if I do not respect or maintain the confidentiality of all information given me through my volunteer duties, I am personally liable for its release and will be required to give up my volunteer position.

Volunteer Signature _____ Date _____

Volunteer Coordinator _____ Date _____