



Senior Care Outreach

10397 N Hualapai Dr.

Casa Grande, Arizona 85122

Phone: 602.707.7300

Website: www.seniorcareoutreach.org

VOLUNTEER CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT

Introduction: As a volunteer for Senior Care Outreach ("the Organization"), you will have access to information that is private, sensitive, and proprietary. Maintaining the absolute confidentiality of this information is a core requirement of your service.

1. Definition of Confidential Information

For the purposes of this agreement, "Confidential Information" includes, but is not limited to:

- a. **Beneficiary Data:** Names, addresses, phone numbers, health conditions, and financial records (Social Security award letters, bank statements, etc.) of seniors seeking aid.
- b. **Donor Data:** Names, contact information, and contribution amounts of those who support the Organization.
- c. **Organizational Data:** Non-public financial reports, strategic plans, internal emails, and volunteer/employee records.

2. Nondisclosure Obligations

I agree to the following standards of conduct:

- a. **No Unauthorized Disclosure:** I will not discuss or share Confidential Information with anyone outside the Organization, including my own family members, friends, or on social media.
- b. **Need-to-Know Basis:** I will only access or discuss Confidential Information with authorized staff or fellow volunteers who specifically need that information to perform their duties.
- c. **Professionalism:** I will not use the information I learn through my volunteer work for personal gain or for the benefit of any third party.

3. Data Security & Physical Files

- a. **Physical Records:** I will not remove any paper files or documents from the Organization's office without express written permission.
- b. **Digital Security:** I will not share passwords for any organizational databases or email accounts and will ensure that any device used to access such data is kept secure.
- c. **Public Areas:** I will be mindful of my surroundings and avoid discussing Beneficiary or Donor details in public spaces where others may overhear.

4. Return of Materials

Upon the conclusion of my volunteer service, or at any time upon request, I will immediately return all documents, keys, identification, or other materials belonging to Senior Care Outreach that are in my possession.

5. Survival of Agreement

I understand that my duty to maintain confidentiality remains in effect indefinitely, even after my volunteer relationship with Senior Care Outreach has ended.

6. Acknowledgement of Consequences

I understand that a breach of this agreement may result in the immediate termination of my volunteer status and, in some cases, may lead to legal action or civil/criminal penalties under state and federal law.

SIGNATURE

By signing below, I acknowledge that I have read, understand, and agree to abide by the terms of this Confidentiality Agreement.

Volunteer Name (Print): _____

Volunteer Signature: _____ Date: ____ / ____ / 2026