

310 8th St East  
Owen Sound  
519 470 7233  
ed@safensoundgreybruce.ca



### Volunteer Confidentiality Agreement

As a volunteer of SAFE 'N SOUND, I understand that I will have access to confidential information regarding other people who attend Safe 'N Sound.

I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at Safe 'N Sound. This means that if you have questions or concerns about maintaining the confidentiality about someone working, volunteering, or receiving services for Safe 'N Sound, you will speak first with the Executive Director for direction. If the Executive Director is not available, you must share your concerns with the Board Member volunteering at the Space at that time.

I also agree not to discuss these same matters after I have left my volunteer position with Safe 'N Sound.

I further understand that breach of this agreement shall constitute grounds for any may result in termination of my volunteer position with Safe 'N Sound, except where such disclosure is consistent with stated policy and relevant legislation.

Please sign below to indicate your acceptance and with these terms outlined above.

\_\_\_\_\_  
Signature of Safe N Sound representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Date