



Declaration of Confidentiality Statement for Board of Directors

I _____ the undersigned, Board Member/Director of DCTS
(Please print name)

Inc. do hereby declare that I will not disclose any confidential information pertaining to the agency that is not for the purpose's transparency such as names of clients, partnerships and/or operation of the organization/agency. This will include, but is not limited to, all of the discussions undertaken, and business conducted in executive sessions. I _____ the undersigned,
(Initials please)

Board Member/Director of DCTS further declare that I will not disclose the confidences if I should leave the Board as an *officer* or *member* of Davidson County Transitional Services Inc. for any reason.

Signed name: _____ Date: _____

Board Officer Board Member Other

Witness By:

Signed _____ Date _____

(Check your current position with DCTS) Staff Volunteer Board President Board Assistant
President Treasurer Secretary Member

Corporate Officer:

Signed: _____ Date: _____

(Check your position) CEO President Asst. President Compliance Officer

Original Copy to be kept in file at Corporate Office