



# **ALL SAINTS CATHOLIC SCHOOL**

## **CONFIDENTIALITY AGREEMENT**

I understand that all ASCS volunteers are expected to maintain any and all privileged, confidential or non-public information that they may witness while on ASCS premises in the strictest of confidence.

I understand that I may not disclose such information to any person not specifically authorized to receive it. Information I witness will not be discussed or disclosed to anyone, including any ASCS teacher, student, parent or other employees who are not authorized to have information for legitimate reasons relating to ASCS.

I understand my responsibility for not disclosing confidential or privileged information continues after my association with ASCS ceases.

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Name

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Area of Volunteer Responsibility

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Signature

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Date