



### **Confidentiality Agreement**

During the time that you serve as a volunteer at FavorHouse of Northwest Florida, Inc., you may gain access to information that is considered to be confidential and/or proprietary. Such information relates to clients, donors, strategic planning and initiatives, submitted proposals, criteria or decisions made with regard to the business of FavorHouse of Northwest Florida, Inc.

Since confidential and proprietary information is crucial to the operation of the organization, and because FavorHouse has the obligation to protect such information, you agree that you will not use, publish or disclose such information during or subsequent to your time involved, and that you will preserve the restricted nature of this information except to the extent that it becomes publicly available, or is otherwise lawfully obtained outside the scope of this agreement from third parties.

Confidential information includes but is not limited to:

- Information about the clients and children that FavorHouse serves.
- Location of Emergency and Extended-Stay Shelters
- Donor information

By signing this Confidentiality Agreement, you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner.
2. Your confidentiality obligation shall continue indefinitely, including at all times after your association with FavorHouse of Northwest Florida, Inc.
3. Impermissible disclosure of confidential information may result in legal actions being taken against you.
4. You will not duplicate any material without express written permission from FavorHouse staff.
5. You will not teach or present any material without specific approval from FavorHouse staff.
6. You will not remove any information or records from the offices of FavorHouse without the expressed permission from staff.
7. During your time at FavorHouse, you may come in contact with someone that you know. If this happens please tell the Volunteer Coordinator immediately.
8. As a volunteer, you realize that you have an obligation to disclose and eliminate (if necessary) any potential or actual conflict of interest.
9. You will contact the Volunteer Coordinator with any questions concerning confidentiality or disclosing a conflict of interest.

I, \_\_\_\_\_, hereby certify that I have read, understand, and agree to the policies described in this Confidentiality Agreement.

Signature \_\_\_\_\_

Date: \_\_\_\_\_