

**TO BE COMPLETED ANNUALLY**

**VOLUNTEER CONFIDENTIALITY AGREEMENT**

***Please read this confidentiality agreement carefully.***

Applicants will not be considered unless this agreement is dated and signed by the applicant.

By accepting a volunteer assignment for the Brookfield Public School System, **I agree** to respect the confidential nature of my assignment and to be prompt and dependable. I will abide by the rules, regulations, policies, and procedures of the Brookfield Public School System.

**I agree** never to disclose any information about students or faculty members with whom I work. Such information is considered confidential. In the case of requests for information about students, I will direct all matters to the teacher or an administrator.

**I understand** that if I fail to uphold this agreement, I will be relieved from my volunteering responsibilities.

**I understand** that this signed agreement will be kept on file for the duration of the school year.

Date you attended Volunteer Training: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

BROOKFIELD PUBLIC SCHOOLS  
Brookfield, Connecticut

Approved: February 3, 2012