

**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 a teacher or 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: 9/7/16