

Bloomsburg Area School District

VOLUNTEER ACKNOWLEDGEMENT AND STATEMENT OF CONFIDENTIALITY

I hereby acknowledge that, in connection with my volunteer services, I have received a copy of the Bloomsburg Area School District Volunteer Policy. I have read and understand the policy and I hereby agree to comply with and be bound by the policy.

I also understand that in the course of volunteer service with the Bloomsburg Area School District, I have a responsibility to maintain the confidentiality of any employee or student information that I may have available to me in any form. I understand that it is my responsibility to assure rights and confidentiality of information, both written and verbal. I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and, if substantiated, shall result in termination of volunteer involvement with the school district, and may result in legal action.

I acknowledge that I have read and understand this statement of confidentiality.

Volunteer Signature

Date

Volunteer Name (printed)

Witness (BASD Employee)