



DECLARATION OF CONFIDENTIALITY

Full Names of Employee/volunteer : _____

ID Number: _____:

I understand that by virtue of my position as an employee or volunteer to UVIWE CHILD AND YOUTH SERVICES that I may have access to certain private, confidential or proprietary information about the clients, stakeholders and donors of UVIWE CHILD AND YOUTH SERVICES as well as employees of UVIWE CHILD AND YOUTH SERVICES.

I have been made aware of the issues regarding strict confidentiality about information available to me in the position as employee/ volunteer for UVIWE CHILD AND YOUTH SERVICES.

All information obtained will be strictly for the purpose of performing my duties as an employee/ volunteer. I promise to maintain strict confidentiality with respect to private, confidential and proprietary information I have learned through my employee/ volunteer activities.

Violation of this confidentiality agreement will be cause for my immediate dismissal and the removal of my status as an employee or approved volunteer at UVIWE CHILD AND YOUTH SERVICES.

SIGNED ON THIS _____ day of _____ 20____,

I hereby acknowledge that I have read, understand and accept the above responsibility as an employee/volunteer of UVIWE CHILD AND YOUTH SERVICES

Signature: _____

Witness
Name: _____ (please print)

Signature: _____

UVIWE CHILD AND YOUTH SERVICES

**HUMAN RESOURCES
DECLARATION OF CONFIDENTIALITY FORM**