

Statement of Confidentiality for School Volunteers

I understand that in the course of my association with the Bellefonte Area School District, I share the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal.

As a volunteer, I will work with the highest standards, committed to the idea that my work will benefit students. I promise to take to my work and attitude an open-mindedness, willingness to be trained, as well as interest and commitment.

I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding student or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated could result in termination of volunteer involvement with the School District, and my result in legal action.

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

Date

Signature of Volunteer

Date

Witness