

## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, agree with the following statements:  
(PRINT Staff/Volunteer/Partner Representative Name)

1. I have read and understood Northern Hills Community Association (NHCA)'s Privacy Policy.
2. I understand that I may come in contact with confidential information during my time working / volunteering / partnering with NHCA. As part of the condition of my working / volunteering / partnership with NHCA, I hereby undertake to keep in strict confidence all information regarding any client, employee or business of NHCA or any other organization that comes to my attention while at NHCA. I will do this in accordance with the NHCA's privacy policy and applicable laws, including those that require mandatory reporting.
3. I understand that children's information is considered sensitive and merits special consideration under privacy laws.
4. I agree to never remove any confidential material of any kind from the premises of, or the electronic storage media of, NHCA unless authorized as part of my duties, or with the express permission or direction to do so from an authorized senior staff or board representative of the NHCA.

\_\_\_\_\_  
(PRINT Staff/Volunteer/Partner Representative Name)

\_\_\_\_\_  
(PRINT Partner Company Name, where applicable)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(PRINT Witness Name)

\_\_\_\_\_  
(Signature of Witness)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_