**Confidentiality Statement of Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to adhere to the following policies of Seacoast family Promise. I understand that the importance of confidentiality and the integral effect that confidentiality has on client and volunteer safety as well as the ability of the agency to best serve the families that seek our services.

I agree to keep all guest information within the confines of the agency unless the guest has given written permission to Seacoast Family Promise Staff to allow otherwise.

I will discuss my feelings, concerns and opinions with the Host Site Coordinator or Seacoast Family Promise Staff only.

I will never acknowledge a families presence in the program or give out any information regarding where a family or individual guest may be.

I will never divulge the other host locations or Day Center location to anyone in search of a family or family member in Seacoast Family Promise.

I agree to keep all personal information about other volunteers and staff confidential and never make them available to guests of Seacoast Family Promise.

I agree that any time I want to provide assistance in the way of items, money or other to a guest, I will first get it cleared through the SFP Executive Director.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature Date