**UPSHUR HUMAN RESOURCES, INC.**

**VOLUNTEER CONFIDENTIALITY AGREEMENT FORM**

I understand that **ALL** information is confidential. All information in the classroom, office, or at a meeting is confidential and should be held in the strictest confidence. I agree to direct my concerns to my supervisor.

I have read, understand, and agree to abide by the UHR Inc. Confidentiality Policy.

Volunteer’s Signature Date

Center/Location Parent/Student/Community

Volunteer Coordinator’s Signature Date