



# PALLISER REGIONAL SCHOOLS VOLUNTEER CONFIDENTIALITY FORM

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Name of Volunteer: \_\_\_\_\_

School: \_\_\_\_\_

## DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students or employees of Palliser Regional Schools. I understand that disclosure on my part of any such privileged information may be cause for the removal of my status as an approved volunteer in Palliser Regional Schools.

IN WITNESS WHEREOF this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby acknowledge that I have read, understand and accept the above responsibility as a Palliser Regional Schools volunteer.

Signature: \_\_\_\_\_

### WITNESS:

Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_