



## CONFIDENTIALITY AGREEMENT VOLUNTEER/VISITOR

I, \_\_\_\_\_ agree that  
*(print name of visitor/volunteer)*

I will maintain confidential information that I acquire as a result of my visit and/or assigned volunteer duties to:

\_\_\_\_\_  
*(print name of classroom (s))*

at \_\_\_\_\_  
*(print name of school)*

and that I will not disclose nor make known any information about any student for whom I do not have parent/guardian consent; any York Region District School Board staff member; any school volunteer; or any board-affiliated person such as a transportation driver, crossing guard or lunch assistant associated with the aforementioned classroom/school. This Confidentiality Agreement is not limited by the day of the visit/volunteer work to the classroom(s) and thus will be respected indefinitely.

Signature of  
Visitor/Volunteer

\_\_\_\_\_

Date

\_\_\_\_\_

Witnessed By  
(Signature)

\_\_\_\_\_

Witness Name  
(PRINT)

\_\_\_\_\_