

Natural Hair Care Institute Volunteer Confidentiality Agreement

I have read, understand, and agree to the information presented above:

I understand that in the course of my volunteer time with Natural Hair Care Institute I may become aware of confidential information about specific students, which may include such information as students' academic performance, behavior, health, disabilities and related matters. I understand and agree that I will not disclose such confidential information except to school employees who have a need to know. I understand that as a volunteer at Natural Hair Care Institute, all student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator, I also understand that even when I am no longer a volunteer with Natural Hair Care Institute any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all Natural Hair Care Institute Board policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Institution Director at any time if they determine it is in the best interests of the school or the students.

Signature:

Date: