



Experiences that illuminate & **tell the story of community.**

VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____, with email address _____, and phone
(Print legal name)
number _____, agree with the following statements:

I understand that I may come in contact with confidential information during my time volunteering with the Cedar Lake Historical Association and The Museum at Lassen's Resort (Association Museum).

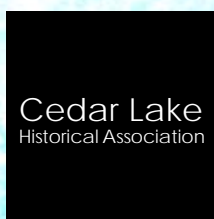
As part of the condition of my volunteerism with the Association Museum, I hereby undertake to keep in strict confidence any information regarding any client, employee, volunteer, or business of the Association Museum or any other organization that comes to my attention while assisting with the Association Museum.

I further agree to never remove any confidential material of any kind from the premises of the Association Museum, nor distribute any electronic communications that may be shared with me during the course of my volunteer term, unless authorized as part of my duties or obligations to the Association Museum, or with the express permission or direction to do so from the Cedar Lake Historical Association Board of Governors.

Signature

Date

Signature of Witness



Up to the task
Big ideas, effective impact

