

VOLUNTEER PRIVACY AND CONFIDENTIALITY POLICY

_____ (“Volunteer”) acknowledges that, during the course of his/her volunteering with the National Sports Center for the Disabled (NSCD) he/she will be exposed to information pertaining to the personnel, participants, business, financial, and/or technical aspects of NSCD business and operations (“Information”) and will receive materials containing the Information. Most of the Information and the materials containing it are proprietary, and much of the Information and materials are confidential information concerning the NSCD’s business. Volunteer also acknowledges that much of the Information regarding participants in NSCD programs and the NSCD staff may be subject to strict state and federal statutes regarding privacy and confidentiality. Therefore, Volunteer agrees that as a condition of volunteering with the NSCD, he/she will not communicate or disclose any information or materials regarding the NSCD’s business practices, operating processes, personnel practices, or any information concerning donors, benefactors, supporters or volunteers of the NSCD or participants in any of its programs to any third party or use such for the benefit of any third party without first seeking and obtaining written consent of the NSCD. Requests for such approval should be made, in writing, to the attention of President/C.E.O., National Sports Center for the Disabled.

Volunteer understands that this agreement applies to information maintained by the NSCD, regardless of the form in which it is maintained and includes printed material, material stored electronically or magnetically, computer security passwords, oral statements, or other media and may include, but is not limited to, names, phone numbers, addresses, giving history, employer records, participant activities, disability status and medical information and other information he/she may access in the course of his/her volunteering or service. Volunteer also understands and agrees that he/she shall be bound by the terms of this Agreement even after the termination of his/her employment with the NSCD.

I hereby acknowledge that I have read the above policy regarding privacy and confidentiality and agree to abide by its terms.

Volunteer Name

Date: _____

Volunteer Signature

After completing this form, 'save' and 'send' via e-mail to volunteer@nscd.org