



the
gathering
place

community health centre

The Gathering Place Confidentiality Agreement

This agreement is made between _____ (“the Volunteer”) and The Gathering Place.

Volunteers who work with The Gathering Place are valued as partners in a shared ministry. The qualities expected of The Gathering Place and the volunteers who walk together on this journey are respect for each other, honesty, integrity, trust, confidentiality, hard work, competence, a positive attitude, enthusiasm, openness to new ways, flexibility, self-confidence and loyalty to each other.

As a condition of being a volunteer at The Gathering Place and of being part of a community of work, the volunteer acknowledges that, in the course of service with The Gathering Place, the volunteer has, and may, in the future, come into the possession of certain confidential information belonging to The Gathering Place.

- ◆ The Volunteer agrees to not disclose any information concerning The Gathering Place’s operations or matters concerning individuals, other volunteers or Guests of The Gathering Place either during the term of engagement with The Gathering Place or afterwards, to any person or organization without the express written consent of The Gathering Place or without being compelled by proper authority in law.
- ◆ Upon termination of service to The Gathering Place, the volunteer will return to The Gathering Place, retaining no copies, all documentation relating to The Gathering Place’s operation, obtained by the volunteer during service.

The Gathering Place agrees that it will not disclose any information concerning the volunteer without the express written authorization of the volunteer or unless compelled by proper authority in law.

The volunteer agrees that the disclosure of information as set forth above without authorization shall be considered gross misconduct and shall be grounds for immediate termination of service without notice.

The Volunteer

Name (Please Print): _____

Volunteer Signature: _____

Date: _____

The Gathering Place

Staff Name: _____

Staff Signature: _____

Date: _____