



of Westchester County

Girls Inc. Westchester Confidentiality Agreement

Girls Inc. of Westchester County

This is to certify that I, _____, a student, volunteer or Board member of Girls Inc. of Westchester County, understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about members, clients, families, employees and other associate organizations, as well as any other information otherwise marked or known to be confidential. I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach. I also understand that the above statement does not apply to whistleblowing and mandated reporting situations.

Signature: _____

Full Name (Print): _____

Date: _____

Received by: _____