

**Confidentiality Agreement of YWCA Domestic Violence /
Sexual Assault Resource Center**

I have read the (YWCA Domestic Violence / Sexual Assault Resource Center) policy regarding confidentiality. I understand that as a volunteer for (YWCA Domestic Violence / Sexual Assault Resource Center) I am bound by that policy regarding confidentiality of ALL client information.

I understand that any information regarding clients obtained by myself during my volunteer service is not to be shared with anyone outside of this agency without written client permission.

I understand that any confirmed break of this policy could be reason for dismissal from my volunteer services. The original of this document will be kept in my volunteer file.

Employee

Date

Witness

Date

cc: Employee