



**NON-DISCLOSURE DATA SECURITY & CONFIDENTIALITY AGREEMENT
FOR VOLUNTEERS/INTERNS/EXTERNS**

I, the undersigned, will abide by the following SNAHC, Inc. data security/confidentiality agreement, with full understanding that any violation of this agreement will subject me to dismissal from the intern/extern program.

1. Non-Employees will not knowingly attempt to access or possess any SNAHC affiliate, customer, or employee data for which they are not entitled and/or authorized unless it is a requirement of their job function, or so directed by SNAHC professional staff.
2. Non-Employees will treat all SNAHC affiliate, customer and employee data as confidential and will not distribute or disseminate its contents unless it is a requirement of their job function, or so directed by SNAHC professional staff.
3. SNAHC terminal sign-on ID's and passwords issued to non-employees will not be given to any other person unless authorized in writing by the system administrator. Non-employees will not use or possess any SNAHC terminal sign-on ID or password other than the one(s) issued to them.
4. Non-Employees will use SNAHC terminals, fax machines, postage meters, projectors, company laptops, printers/copiers, and other peripherals for SNAHC business only, unless otherwise authorized in writing by SNAHC professional staff and/or the system administrator.
5. Non-Employees will not access any area or information for which they are not authorized. Non-Employees will not abuse or misuse their authority to gain access to any area for which they have not been given authorization.
6. Non-Employees will not abuse or misuse their computer access to alter any information for which they are not entitled to and/or authorized for.

I have read and understand all of the above and will abide by this agreement as defined.

Printed Name of Intern/Extern

Signature of Intern/Extern

Date

This section is to be completed by Department Director/Manager and *returned to IT*.

Position title of User _____ Start date _____

Computer System Access ___ Yes ___ No

RPMS Access ___ Yes ___ No

Print Name-Department Director

Date

Signature-Department Director