

Washington School Nutrition Association

WSNA PAID TRAINERS AGREEMENT

I have been accepted as a paid Trainer with Washington School Nutrition Association (WSNA).

I understand that the information that I provide in this statement may be provided to members of the Executive Board and/or officers of WSNA.

I shall practice and support the highest ethical standards and give undivided loyalty to WSNA and its goals as long as I am a WSNA Trainer. I understand that as a paid Trainer I am not a member of the Executive Board and therefore may not represent the Association as one and may not speak for the Board or the Association at any time.

I further understand that in the course of my duties as a WSNA Trainer, I may have access to confidential information about WSNA's operations. I agree that during and after my services with the Association, I will not disclose any such information to any person or entity, other than the officers, agents and employees of WSNA, except as the WSNA specifically authorizes or directs me in writing.

I will observe any requirements or procedures that WSNA may require for the protection of the confidentiality of such information. I understand that any questions as to what information is confidential will be referred to, and resolved by, the President of the Association.

Date

Signature