University of Illinois Extension

Volunteer Services Confidentiality Statement

I, the undersigned, do hereby acknowledge that in my volunteer role for University of Illinois Extension, I may have access to confidential information contained in the records of other volunteers serving the organization.

I agree that I shall not disclose any such confidential information maintained by University of

| Illinois Extension to any the University of Illinois. | unauthorized person, and I will adhere to confidentiality guidelines of |
|---|---|
| • | e that disclosure by me of confidential information obtained by me in the status could be cause for termination from my volunteer position. |
| Date | Volunteer Signature |
| I, the undersigned, do he the volunteer named ab | ereby certify that I have discussed the guidelines for confidentiality with ove. |
| Date | Extension Representative Signature |

CONFIDENTIALITY REQUIREMENTS

- 1) All persons involved in the volunteer screening process and with access to the personnel files will be informed on the importance of confidentiality. Each should sign a form agreeing to protect privacy of individuals.
- 2) All reference forms/applications/notes on interviews must be kept in a locked file, which can be accessed, by only the volunteer personnel committee and professional staff members responsible for youth programs.
- 3) All information on applicants and why they are accepted or rejected, as a youth program volunteer must also be kept confidential. Only the volunteer personnel committee should be involved in discussing applicants.