

# Lakeview Band

## **Volunteer Confidentiality Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that in the course of my volunteer time with the Lakeview-Fort Oglethorpe High School Band Booster organization during the \_\_\_\_\_\_\_\_\_\_\_\_\_ school year, I may become aware of confidential information about students and their families. This information may include students’ academic performance, behavior, health, disabilities and related matters, family hardships, as well as social media activities.

I understand and agree I will not disclose confidential or sensitive information about students or their families except to the Booster organization board, designated committee chairpersons, or the LFO HS administrative staff when there is a demonstrated need for consideration or intervention.

Students in the LFO HS Band and Auxiliary units have the right to expect that information about them will be kept confidential by all volunteers.

* Each student with whom I work has the right to expect that nothing that happens to him/her or information about him/her will be repeated to anyone other than the Booster organization board, designated committee chairpersons, or the LFO HS administrative staff when there is a demonstrated need for consideration or intervention.
* I may not share information about a student even with others who are genuinely interested in the student’s welfare. I must refer all such questions to the Booster organization board, designated committee chairpersons, or the LFO HS administrative staff.
* Parents, friends, or community members may, in good faith, ask me questions about a student’s problems or progress. I must refer all such questions to the Booster organization board, designated committee chairpersons, or the LFO HS administrative staff.
* Before I speak, I must remember that sharing information about a student is a violation of the student’s right to confidentiality.

Respecting one’s privacy and confidentiality is very important to me. I have read, understand, and agree to the information presented above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Signature

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Volunteer’s Printed Name