



VOLUNTEER CONFIDENTIALITY UNDERTAKING (490-1)

I, _____
acknowledge that I am a volunteer and that I will provide volunteer services to the best of my capability to Elk Island Catholic Schools.

I agree that in the fulfillment of my role as a volunteer on behalf of the Elk Island Catholic School Division, I shall keep confidential all information of which I am aware, and information which I acquire, in the course and scope of fulfilling my duties, or working with students and staff as a volunteer.

I shall not use, release, publish, or disclose any information acquired as a result of my participation in school-related activities, not through the completion of duties assigned, as a volunteer, regardless of the form in which the information is acquired, except as may be necessary in order to complete the duties I have agreed to accept as a volunteer.

I acknowledge that Elk Island Catholic Schools and its employees and contractors are bound by the Freedom of Information and Protection of Privacy Act. I understand that this act applies to all records within the custody and control of Elk Island Catholic Schools and that a record is defined as a record of information in any form and includes books, documents, maps, drawings, photographs, letters, vouchers, and papers and any other information that is written, photographed, recorded or stored in any manner.

I further acknowledge that personal information which is protected under the privacy of the provisions of the Freedom of Information and Protection of Privacy Act includes any recorded information about identifiable individuals, such as students or employees.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____

Please return this completed form to the School Principal and / or Supervisor