



THE MISSION VOLUNTEER PROGRAM

CONFIDENTIALITY STATEMENT

I am aware that in my role as volunteer at The Union Mission for Men, also known as The Mission, I may become privy to information regarding individual donors, corporations and foundations or regarding clients/patients and/or their families. I understand that I am only permitted to communicate any of this information to others working in the same department at The Mission. I am also aware that any information I may become privy to regarding staff members and volunteers should also not be communicated. Failure to keep information in strictest confidence may result in immediate termination of my role as a volunteer.

Volunteer Signature _____

Volunteer Name (Please print) _____

Coordinator Signature _____

Date _____