



CONFIDENTIALITY AGREEMENT

I promise that I will hold in confidence all information regarding youth involved in the _____ program. I will not violate the confidential relationship between the program, youth, and volunteers.

I will not remove from the school, agency, or program office any records, or copies of records about the youth. Any records I may be responsible for producing will become, and remain, part of the program files.

I accept full responsibility for maintaining the confidential and private nature of all records and information about the youth. I further understand that I can discuss the case of youth assigned to me only with program staff or within structured mentor support activities.

I understand that I am personally responsible and fully liable for any violation of this agreement.

(Signature)

(Date)

Please print full name: _____