

Sample FCPS/School Volunteer Confidentiality Agreement

Sample 1

I understand that in the course of my volunteer time with Fairfax County Public Schools (FCPS) and _____, I may become aware of confidential information about specific students, which may include such information as students' academic performance, behavior, health, disabilities and related matters. I understand and agree that I will not disclose such confidential information except to school employees who have a need to know.

I have read, understand, and agree to the information presented above:

Signature: _____ Date: _____

Sample 2

I understand that as a volunteer at _____, ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer with Fairfax County Public Schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all Fairfax County School Board policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of the school or the students.

I have read, understand, and agree to the information presented above:

Signature: _____ Date: _____