ORANGE COUNTY PUBLIC SCHOOLS

School Name: _____
School Address: _____
School Phone #: _____

Complete agreement form, print, sign and give to the ADDitions Coordinator or school designee.

CONFIDENTIALITY AGREEMENT FORM

Volunteer Name:

Program:
- ☐ ADDitions School Volunteer
- ☐ Community Groups-United Campaign
- ☐ Mentor
- ☐ Other _____

To the extent permitted and/or required by law, as an Orange County Public Schools volunteer, I **agree not** to disclose any information I hear or receive in written form, referencing an Orange County Public Schools student, staff member and/or potential/existing volunteer to anyone except to legally authorized persons including the administrator in charge (school principal/department head).

_____
Print Volunteer Name

_____
Volunteer's Signature Date signed

_____
Principal's Signature Date signed