

## **Confidentiality Agreement**

**For**

### **Pierce County Library System Volunteers**

**“As a Pierce County Library System Volunteer, I agree that I will not disclose ANY confidential information on any library patron or employee record, seen in the course of my volunteer assignment, during or at any time after the assignment has been completed. This includes files of patron or employee names, addresses or social security numbers, or other personal information. Such records and files shall not be made available by me to any individual, organization, entity, or to any agency of federal, state, or local government, or to anyone outside of the library staff that is overseeing my assignment.”**

**Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PCLS Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_