



Volunteer Confidentiality Agreement

As a volunteer of The Heather Cutler Foundation, I understand that I may have access to confidential information, both verbal and written, related to individuals, donors, volunteers, staff, and the organization. This information may include, but is not limited to, personal contact information, medical details, financial records, project details, and other sensitive data.

Confidentiality Guidelines

1. Respect for Privacy:

I understand that all information obtained in the course of my volunteer work is to be treated as strictly confidential. This information will only be discussed or shared within the boundaries of my volunteer role and with authorized personnel as necessary.

2. Non-Disclosure Obligation:

I agree not to disclose any confidential information obtained during my volunteering role, including after I have completed or left my position at The Heather Cutler Foundation. This includes information shared in verbal, written, or digital formats.

3. Social Media and Media Restrictions:

I will not disclose any confidential information, including personal stories or identifiable details about

individuals, in any public forums such as social media, websites, blogs, or traditional media. My acknowledgment of my volunteer role may only extend to general references to my affiliation with The Heather Cutler Foundation.

4. Consultation:

I understand that the Foundation's Volunteer Coordinator or other designated personnel are available to address any questions or concerns about confidentiality.

5. Breach of Agreement:

I understand that any breach of this confidentiality agreement constitutes grounds for the immediate termination of my volunteer role and may result in further legal action if required.

Acknowledgment

By signing below, I confirm that I understand and agree to the confidentiality terms outlined in this agreement. I also understand that I am obligated to adhere to these terms during and after my time volunteering with The Heather Cutler Foundation.

Date: _____

Volunteer Signature: _____

Volunteer Name (Printed): _____

Witness Signature: _____

Witness Name (Printed): _____

For Internal Use Only

The signed agreement will be securely stored in the volunteer's file and retained as per organizational policy.

If you have any questions or require clarification regarding this agreement, please contact The Heather Cutler Foundation at:

• **Email:** support@heathercutler.ca

• **Phone:** +1 (855) 665-5137