As an employee/ volunteer at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ you may encounter people from the community that you know or have access to records of the people receiving TEFAP food assistance. It is the policy of this organization that all information about TEFAP participants is strictly confidential and stays within the walls of the facility. Also, any information or knowledge you may have about a TEFAP participant’s life or situation is not to be brought to the attention of other volunteers at the facility.

To protect the privacy and dignity of the people we serve, we ask that you acknowledge and affirm your intent to keep all information regarding TEFAP participants confidential and that you will not share any information about TEFAP participants outside this organization.

What I hear or observe about TEFAP participants, staff or other volunteers while employed or volunteering here will remain confidential. I agree to protect the privacy of TEFAP participant’s information to which I am given access. I agree to keep this information in the strictest confidence and the failure to do so may result in my being denied the opportunity to be employed or volunteer.

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| Date | Print Volunteer/ Staff Name | Signature |
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