AFRICAN COMMUNITY CENTER

850 Holly ◇ Denver, CO 80220 ◇
(Tel) (303) 399-4500 ◇ (Fax) (303) 399-4502

African Community Center/ECDC
Volunteer Confidentiality Statement

As a volunteer of the African Community Center it is likely that information of a highly confidential nature may be shared with you. It is imperative that information about clients is not shared with anyone outside of this agency. Failure to maintain this confidentiality will result in the end of a volunteer relationship with this agency and possible criminal charges being filed. Please read the following statement and sign below.

I, _____,
understand that any information obtained as a result of my activities with a refugee/client/or agency records and communication is confidential and should not be disclosed without written permission from that refugee/client/agency. Protecting the privacy of our clients and integrity of the US Resettlement Program is of utmost importance and must be respected. I agree that I will not share, sell, exchange or purposefully collect information about clients unless I have written permission from the Director of the agency. I also agree that I will never divulge the name, address or personal business of a client to anyone (including my family members) without the consent of a client. In addition, I authorize the African Community Center to conduct a background check pursuant to their policies for individuals volunteering and/or working with at-risk populations.

_____ _____
Signature Date

_____ _____ _____
Witness Signature Title Date