



**Volunteer Confidentiality Agreement**

As a volunteer for the clinic hosted by CBST I understand the importance of maintaining confidentiality.

I agree to not disclose confidential or personal information about anyone seeking assistance at the Ark Immigration Clinic to third parties without the consent of the individual. If I have any questions regarding confidentiality, I will consult with an attorney or the coordinator at my location before divulging information to any other person.

By signing this document, I am bound to keep all information, including that which concerns individuals seeking assistance, attorneys, and volunteers, confidential. This is the case both during and after the actual event.

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Location

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date