

Volunteer and Partner Non-Disclosure and Confidentiality Agreement

I understand that, as a volunteer in the Arlington Public Schools (APS), I am not permitted to share any personal information about APS students, staff, parents/families and other volunteers with any individuals who are not current employees of the APS school where I am volunteering or with any APS individuals who do not have an educational need to know that information. I agree that I will not share any of the following:

- Any personally identifiable information about students, parents/guardians, staff and other APS volunteers
- Information pertaining to students and staff such as:
 - Names
 - Mailing and email addresses
 - Phone numbers
- Academic, medical, physical or mental health information

As a volunteer and/or partner for Arlington Public Schools (APS), I also understand and agree to the following:

- I may have some access to the above information as a volunteer as part of my volunteer work and/or to enable me to perform my functions as a volunteer, but I agree to hold this information in strict confidence.
- I will not share this information outside of the circle of the APS staff and volunteers where I am a volunteer who have an educational need to know that information.
- I will ensure that the information I receive is kept safe and secure from any unauthorized access, which includes preventing access to any computer files, paper files or other media which may contain this information.
- I will not make or keep any electronic copies with any information about students, parents/guardians, staff or other volunteers that I have learned or received as part of my volunteer work.
- I will not impose any of my own personal, religious or political views upon students.
- I understand that I will work as a volunteer under the supervision and/or direction of one or more APS staff members.

Finally, I understand that signing this form does not legally prohibit me from sharing or discussing any information related to my own child, but does apply to all other students I may encounter while volunteering for any APS school or program.

Signature

Date

Printed Name