



## Volunteer Service Confidentiality Undertaking

I, \_\_\_\_\_, hereby agree that in providing my services on behalf of Northern Gateway Regional Division No. 10 Board as a volunteer at \_\_\_\_\_ - \_\_\_\_\_, that I will act at all times to preserve fully the confidentiality of any personal information of which I am made aware. I will hold all such personal information in the strictest of confidence and I shall not use, copy or disclose such personal information to any other individual or organization, in whole or in part, in any manner or form, other than for the sole purpose of fulfilling my duties within the office context.

I acknowledge that the Board, its employees and contractors, are bound by the *Freedom of Information and Protection of Privacy Act*, which applies to all information and records relating to, obtained, generated, collected or provided under or pursuant to their roles in providing education to students within the school. I understand that the Act applies to all records within the custody and control of the Board, and that a record is defined as a record of information in any form and includes books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner.

I further acknowledge that personal information which is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act includes any recorded information about identifiable individuals, such as a student, and would include:

- i) the individual's name, home or business addresses, home or business telephone number,
- ii) the individual's race, national or ethnic origin, colour, religious or political beliefs or associations;
- iii) the individual's age, sex, marital status or family status;
- iv) an identifying number, symbol or other particular assigned to the individual;
- v) the individual's fingerprints, blood type or inheritable characteristics;
- vi) information about the individual's health and care history, including information about a physical or mental disability;
- vii) information about the individual's educational, financial, employment or criminal history, including criminal records where a pardon has been given;
- viii) anyone else's opinions about the individual, and
- ix) the individual's personal views or opinions, except if they are about someone else.

I agree that I shall keep confidential any personal information which I may have access to, or become aware of, in the fulfillment of my role as a volunteer for the Board. I also confirm my understanding that I have no authority to collect any personal information from any students or staff with whom I may have dealings without being expressly authorized, in advance of any such collection taking place, by \_\_\_\_\_. Any such collection of personal information in which I may assist, shall be dealt with in accordance with those rules and conditions imposed upon me at the time. I further acknowledge and agree that in the event that I am required to prepare any reports or any documentation which could be considered a record under the Freedom of Information and Protection of Privacy Act, that the record shall be provided to an authorized representative of Central Office from whom I am taking direction in the performance of my role and responsibilities as a volunteer, and shall ensure at all times that all such records are left in a secure place, within the custody and control of the designated administrator.

I acknowledge and agree that I shall act at all times so as to preserve fully the confidentiality of any personal information of which I may gain knowledge and comply with any records management practice respecting the production of records of which I am made aware.

I further acknowledge and agree that I shall not make any disclosure of any personal information without at first having obtained the prior written consent of the Board, through one of its designated representatives.

In sum, I promise that I will maintain confidentiality with respect to information regarding all students or employees of Northern Gateway Public Schools. I understand that disclosure on my part of any such privileged information may be cause for the removal of my status as an approved volunteer in Northern Gateway Public Schools.

IN WITNESS WHEREOF this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, I hereby acknowledge that I have read, understand and accept the above responsibility as a Northern Gateway Public Schools volunteer.

Signature: \_\_\_\_\_

WITNESS:

Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_