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| **DEPARTMENT OF HEALTH SERVICES**  Division of Enterprise Services  F-81020E (12/2018) | | **STATE OF WISCONSIN** | |
| **CONFIDENTIALITY AND NON-DISCLOSURE ACKNOWLEDGEMENT: VOLUNTEER (Food Pantry)** | | | |
| As a volunteer for the Department of Health Services of Wisconsin / Fill in the name of the organization, I understand that all records and information regarding applicants I work with at Fill in the name of the organization are confidential. Confidential information may include, but is not limited to financial or personally identifiable information about applicants.  I have a legal and ethical responsibility to protect the confidentiality and security of all confidential information to which I have access in carrying out my work.  I understand that I may not disclose any confidential information, purposefully or in inadvertently to any unauthorized persons or discuss any information related to applicants with friends, family or outside sources, nor will I post any information on social media that may expose clients I have worked with. I will only access the information I need to complete my tasks.  If I meet a family in the community; I will greet them only if they greet me. If they do greet me, I will not indicate how we know one another publically.  I have read the confidentiality agreement and agree to keep applicant information confidential that I gain either directly or indirectly through my work at Fill in the name of the organization. I understand there are criminal and other legal penalties for violating the confidentiality laws which protect the applicants I work with. | | | |
| Name of Volunteer | **SIGNATURE** – Volunteer | | Date Signed |
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