



Special Needs Ministry Volunteer Confidentiality Agreement

Important: Please read all sections below. If you have any questions regarding this agreement, please contact Kristin Davis, Buddy Ministry Director, or Shelli Sousa, Lift Ministry Coordinator, before signing.

Volunteer Name (Please print): _____

I recognize that the Special Needs ministry of Fellowship Bible Church is provided information about its children and families that can be sensitive and private. I understand that protecting the confidentiality of the child(ren) and families I serve is integral to their privacy and dignity and that the disclosure of such information by me may cause irreparable harm to the child(ren) and families.

As such, I understand, and agree,

- That all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at Fellowship Bible Church.
- That I will **NOT** discuss these same matters after I have left my volunteer position at Fellowship Bible Church.
- That I will **NOT** take pictures of the child(ren) in the Special Needs Ministry programs without the express consent of the child(ren)'s legal guardian.
- That I will **NOT** post pictures or information regarding these same child(ren) on any social media sites, such as, but not limited to: Facebook, Instagram, Twitter, Vine, or SnapChat without the express consent of the child(ren)'s legal guardian.

I have read the above statements and I affirm that I will abide by this agreement.

Volunteer Signature

Date