

**Respect and
Confidentiality Agreement for
Inn From The Cold - Kelowna**

Print Name: _____ Date: _____

As a volunteer with Inn from the Cold - Kelowna, I agree to:

1. Respect and maintain the confidentiality and privacy of information regarding any clients, employees or volunteers of Inn from the Cold - Kelowna.
2. Respect and maintain the confidentiality of any documents of Inn from the Cold – Kelowna and any documents of its employees, clients or volunteers.
3. Respect the confidentiality of any financial information of Inn from the Cold – Kelowna.
4. Respect the rights of others and their property, including the property of Inn from the Cold – Kelowna or their partners.
5. Respect the policies and procedures of Inn from the Cold – Kelowna.

I understand the employee/volunteer information confidentiality policies stated on this form.

Signature of Volunteer

Date

Signature of Witness

Date

FOR OFFICE USE ONLY

Has the Security Clearance information been received? _____

Date _____

Name(s) of Coordinator who received/witnessed it

Date of Hire _____

Position _____

Date of Termination: _____

Reason _____