Mission Waco Volunteer Confidentiality Agreement

I understand that as a Volunteer at Mission Waco I am obligated by Mission Waco’s policy to protect the privacy of the population we serve (“participants” or “clients”) and all confidential information from unauthorized use and disclosure. I also understand that disclosure of business and donor information of Mission Waco may harm Mission Waco’s ability to carry out its purpose. I understand that volunteers may not be allowed to volunteer further at Mission Waco if this policy is not followed.

Confidential information is defined as any Participant or Client or Business information obtained through the course of your volunteer service to Mission Waco.

- “Participant Information” or “Client Information” shall be considered any information regarding a Participant or Client obtained or learned while providing volunteer services for any program or area of work of Mission Waco. Such information may include, but is not limited to, personal information, financial data, and social data. When volunteering at the Mission Waco Health Clinic and/or Counseling services, additional information includes but is not limited to medical record, medical history, diagnosis, condition, or treatment. All information Volunteers learn about Participants or Clients is “protected”.
- “Business Information” shall be considered any information not publicly known regarding the business and operations of Mission Waco obtained while providing volunteer services. This may include, but is not limited to, information concerning finances, donors, employees, and other volunteers.

Terms of Agreement:

I agree to support Mission Waco’s policy of privacy and to advocate for and protect Participant, Client and Business privacy.

I agree to not access or disclose any confidential information I learn or am exposed to as part of my volunteer duties. I will seek the minimum amount of confidential information necessary to carry out my volunteer duties. I agree to not post Participant or Client information on social media, and agree not to share protected Participant or Client information by email, phone, or text with anyone other than Mission Waco Staff. I understand that photos of Participants or Clients, their families, or of staff are not permitted, without their express written permission on approved Mission Waco forms.

I understand that my obligation to maintain confidentiality of information obtained from Mission Waco extends beyond the length of my volunteer service to Mission Waco. I agree to maintain confidentiality of such information as long as it is known to me. I understand that I may not remove any hardcopy and/or electronic files of information from the premises. I understand that in cases of safety or suspected abuse of a person, Mission Waco follows the laws of Texas and a volunteer is obligated to disclose information to a Mission Waco employee or law enforcement officer.

If I hear of or see a privacy breach, I will report it to the Program Director or the Mission Waco main office the same day or as soon as possible.

X________________________________________ Date:_____/____/_____  
Volunteer Signature

Please print:
Volunteer Name______________________________________

Personal E-mail address (not campus email address) – PLEASE PRINT: ____________________________________________

(Reviewed 9/19)