

CONFIDENTIALITY STATEMENT



I understand that as a volunteer for the University of Maryland Extension, I am expected to follow professional standards and practices of confidentiality. I will not disclose or discuss the facts of any individual(s) except in the conduct of official Extension business. I accept full liability for any breach of confidentiality which I may cause.

Volunteer Signature

Date

Witness Signature

Date

Updated for Extension Name and Logo Change 3/2010 AMT