



Palliser School Division
VOLUNTEER CONFIDENTIALITY FORM

VOLUNTEER INFORMATION

Volunteer Name: _____

School: _____

DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students or employees of Palliser School Division. I understand that disclosure on my part of any such privileged information may be cause for the removal of my status as an approved volunteer in the Palliser School Division.

ACKNOWLEDGEMENT

IN WITNESS WHEREOF this _____ day of _____, 20____, I hereby acknowledge that I have read, understand and accept the above responsibility as a Palliser School Division volunteer.

Signature: _____

WITNESS:

Name: _____ (please print)

Signature: _____

The personal information contained on this form is collected under the authority of the Education Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of serving as a volunteer supervisor/coach of the division. If you have any questions about this form, please contact your school principal.