

VOLUNTEER CONFIDENTIALITY AND CONDUCT AGREEMENT

PRINT:

(Last Name)

(First Name)

(Middle Initial)

I understand and agree that I shall abide by the volunteer standards of conduct found in Corrections Policy and Procedure 26.1 – “Citizen Involvement, Volunteer, and Reentry Mentor Service Programs”. I have been given a copy of this policy.

I understand that I may be allowed access to confidential information or records in order that I may perform my specific duties as a volunteer. I further understand and agree that I shall not disclose confidential information or records without the prior written consent of the appropriate authority in the Department of Corrections.

I understand that accessing or releasing confidential information or records of the Department of Corrections concerning myself, other individuals, offenders, or relatives, or causing confidential information or records of the Department of Corrections concerning myself, other individuals, offenders, or relatives to be accessed or released, outside the scope of my assigned duties constitutes a violation of this agreement and may result in my termination as a volunteer and legal action against me.

By affixing my signature to this document, I acknowledge that I have been apprised of the relevant laws, regulations, and policies concerning access, use, maintenance, and disclosure of confidential information or records, including but not limited to CPP 3.1, that are made available to me through my volunteer activities with the Department of Corrections. I further agree that it is my responsibility to assure the confidentiality of all information that has been issued to me in confidence, even after my status as a volunteer with the Department of Corrections ends.

Pursuant to this agreement, I certify that I have read and understand the laws, policies, and regulations, including but not limited to CPP 3.1, concerning confidentiality of information or records.

I also certify by my signature that I have been given a copy of this statement and have been notified that a copy of this statement shall be placed in the institution volunteer file.

Volunteer Signature/Date

Volunteer Coordinator Signature/Date

Warden or Designee Signature/Date

MENTOR CONFIDENTIALITY AND CONDUCT AGREEMENT

PRINT: _____
(Last Name) (First Name) (Middle Initial)

AFFILIATED ORGANIZATION NAME: _____

I understand and agree that I shall abide by the mentor standards of conduct found in Corrections Policy and Procedure 26.1 – “Citizen Involvement, Volunteer and Reentry Mentor Service Programs”. I have been given a copy of this policy.

I understand that I may be allowed access to confidential information or records in order that I may perform my specific duties as a mentor. I further understand and agree that I shall not disclose confidential information or records without the prior written consent of the appropriate authority in the Department of Corrections.

I understand that accessing or releasing confidential information or records of the Department of Corrections concerning myself, other individuals, offenders, or relatives, or causing confidential information or records of the Department of Corrections concerning myself, other individuals, offenders, or relatives to be accessed or released, outside the scope of my assigned duties constitutes a violation of this agreement and may result in my termination as a mentor and legal action against me.

By affixing my signature to this document, I acknowledge that I have been apprised of the relevant laws, regulations, and policies concerning access, use, maintenance, and disclosure of confidential information or records that are made available to me through my mentor activities with the Department of Corrections, including but not limited to CPP 3.1. I further agree that it is my responsibility to assure the confidentiality of all information that has been issued to me in confidence, even after my status as a mentor with the Department of Corrections ends.

Pursuant to this agreement, I certify that I have read and understand the laws, policies, and regulations, including but not limited to CPP 3.1 concerning confidentiality of information or records.

I also certify by my signature that I have been given a copy of this agreement and have been notified that a copy of this agreement shall be placed in the Department mentor file.

Mentor Signature/Date

Reentry Mentor Coordinator Signature/Date

Director or Designee Signature/Date