



CENTRAL UNITED CHURCH



CONFIDENTIALITY AGREEMENT

I, _____ agree to maintain and respect the confidentiality of all information including that which is personal and privileged, which comes to me a result of carrying out my responsibilities as a member of the Duty of Care Committee of Central United Church.

I will not discuss the information that comes to me with anyone beyond the bounds of the Committee.

I understand and agree that failure to maintain confidentiality will result in the termination of my position on the Committee.

I, _____ have read and understood the above information and agree to the terms.

Signature

Date

Witness

Date

*Appendix 1 ~ Duty of Care Policy and Procedures
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