

**VOLUNTEER - COACH/SUPERVISOR (Agents of the Board)
CONFIDENTIALITY DECLARATION**

Name of Volunteer: _____
Please Print

School: _____

DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students or employees of the 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 Division schools.

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

Volunteer Signature

Witness Signature

Witness Name (Please Print)