



Acknowledgement of Confidentiality

I agree to treat as confidential all information about community members the Town of Westport serves regarding the COVID-19 crisis. This relates to any community members, including individuals and/or their families, which the Town of Westport staff or volunteers may help. Helping may include: delivering needed food or goods to community members, talking to community members by phone, donating needed items to community members, etc. I understand that it would be a violation of policy to disclose information to anyone regarding community members' names, addresses, phone numbers, emails, medical or personal information, etc. I also understand that any violation of this agreement may result in disciplinary action or termination of duties.

Furthermore, by signing this form I attest to the following:

- **I understand and agree to this policy.**
- **I understand that this policy may be changed or adjusted in the future, with or without advance notice, and that every attempt will be made by the Town of Westport to notify me of any changes.**
- **I understand that a copy of this page will be placed in my personnel file.**
- **I must disclose any guardianship preventing me from signing a legally binding contract for myself.**

Volunteer Name (Please Print)

Volunteer Signature

Date