



Family Promise

Building communities, strengthening lives.

Confidentiality Agreement

I, _____, acknowledge that during my work with **Family Promise of Skagit Valley**, I will have access to and learn facts about individuals that are staying in the program. All information pertaining to a guest, including but not limited to name, SSN, race, monetary status, marital status, and all information pertaining to any children in the program must be kept highly confidential. This includes any information about a family that the family themselves may share with me directly. By signing this agreement, I understand and agree not to discuss or disclose any information pertaining to persons staying within the care of Family Promise now or in the future.

I hereby agree and recognize my responsibility to hold all guest information in confidence.

Volunteer, Intern, or Staff Signature / Date

Family Promise Director / Date