



Confidentiality Agreement

Volunteer Confidentiality Agreement

I, _____, (please print First and Last Name) acknowledge and recognize that I may be provided access to confidential materials, whether written, audio, email, etcetera, while working for Ink Release. I agree to maintain the confidentiality of all such materials by not discussing their contents, and I further agree to not remove or copy any documents or records from Ink Release without prior authorization.

Additionally, I acknowledge and recognize that I may be included in confidential verbal and written communications at Ink Release, and I agree to maintain the confidentiality of all verbal and written communications and not to discuss the information to unauthorized personnel.

Agreement and Signature

Signature	
Date	