United Way of Central Indiana Confidentiality Statement

I hereby agree to regard all information received or seen as a part of my employment or volunteer work and any other information provided in the course of completing my duties with United Way of Central Indiana (UWCI) as confidential.

I understand that United Way of Central Indiana respects staff, donors’, volunteers’ and community-based organizations’ (both accredited and non-accredited) rights with regard to privacy of any information that it receives about them. I will abide by UWCI’s confidentiality requirements and will never mention or share information I learn about community-based organizations’ or United Way’s clients, donors, staff, or volunteers, or any other subject, outside of my work at UWCI.

_________________________
NAME (Please Print)

_________________________  _________________________
SIGNATURE                  DATE