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| C:\Users\dllordier\Desktop\doc-logo-black.png | **Volunteer Confidentiality Agreement** |

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| This Confidentiality Agreement (“Agreement”) is made and effective on the date signed, by and between the Department of Corrections (“Department”) and the Volunteer as signed below. |
| **Confidential Information** |
| The Department proposes to disclose certain of its confidential and proprietary information (“Confidential Information”) to the Volunteer. Confidential Information shall include all data, materials, products, technology, computer programs, specifications, manuals, software, and other information disclosed or submitted, orally, in writing, or by any other medium of communication, to the Volunteer by the Department. Nothing in this Agreement shall require the Department to disclose any of its information. |
| **Volunteer’s Duties** |
| In consideration for the Department providing access to Confidential Information, as well as valuable work experience and training/skill development in accessing and using said Confidential Information, the Volunteer agrees that the Confidential Information is to be considered confidential and proprietary to the Department, and the Volunteer shall hold the same in confidence, shall not use the Confidential Information other than for the purposes of the Department’s official business, and shall disclose it only to the Department’s agents and employees with a specific need to know. The Volunteer will not disclose, publish, or otherwise reveal any of the Confidential Information received from the Department to any other party whatsoever, except with the specific prior authorization of the Department or its agents and employees. |
| Confidential Information furnished in tangible form shall not be duplicated by the Volunteer, except for purposes of the Department’s official business. Upon the request of the Department, the Volunteer shall immediately return all Confidential Information received in written or tangible form, including copies or reproductions, or other media containing such Confidential Information. |
| **Final Agreement** |
| This Agreement is complete and final and supersedes all prior and contemporaneous oral or written understandings, statements, or agreements. This Agreement may be modified only by a further written Agreement duly executed by both parties. |

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| Volunteer Name      | Signature | Date |
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| Appointing Authority/designee Name      | Signature | Date |

***The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.***