



## CONFIDENTIALITY ACKNOWLEDGMENT & AGREEMENT FORM

During the course of your activity with Lamorinda Village, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with Lamorinda Village policies and procedures. In order for Lamorinda Village to properly assist members and engage in successful business planning, certain information must remain confidential. Improper disclosure of confidential information can cause irreparable damage to Lamorinda Village.

Confidential information includes, but is not limited to:

1. Medical and certain other personal information about members.
2. Reports, policies and procedures, marketing or financial information, and other information related to the business of services of Lamorinda Village which has not previously been released to the public at large by a duly authorized representative of Lamorinda Village.

If you have any questions at any time concerning the confidentiality or disclosure of information, you should contact Lamorinda Village at (925) 283-3500. By initialing each section and signing this Confidentiality Acknowledgment, you acknowledge and agree that:

- \_\_\_\_\_ 1. I will only access business information for which I have a legitimate business purpose.
- \_\_\_\_\_ 2. Medical Information is confidential and my access is restricted to my legitimate medical need to know for diagnosis, treatment, and care of a particular member.
- \_\_\_\_\_ 3. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of Lamorinda Village.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## VOLUNTEER PRIVACY INFORMATION AND RELEASE AUTHORIZATION

### Application information

I certify that all information in my application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered at a later date. I understand, in consideration of my application, a background investigation will be conducted. I understand this investigation may include, but is not limited to, a criminal background check in the files of any federal, state or local justice agency, driving history, or reference verification. Lamorinda Village uses the third-party service Verified Volunteers, Inc to conduct criminal background checks. Verified Volunteers is solely responsible for its results. I authorize Lamorinda Village to conduct the background investigation and **release Lamorinda Village from responsibility for this investigation.** I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Lamorinda Village.

**I have read and understand the above and by my signature consent to these statements.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date