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VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____, understand that Rights Restoration Workshop volunteers are expected to keep information about all requests for assistance in strictest confidence. I understand that many individuals seeking assistance at the Rights Restoration Workshop would not do so if they were not assured that the information they provide will be kept confidential. I agree not to discuss personally identifiable information about any Rights Restoration Workshop participant with anyone other than appropriate Host Organization or ACLU of Florida staff and select Rights Restoration Workshop volunteers.

Signature

Date

Printed name

Volunteer Contact Information

Address

Organization Affiliation (if any)

Telephone Number

Email Address