**[Church Name]**

**CONFIDENTIALITY AGREEMENT**

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an Employee, Student, Volunteer or Board Member of **[Church Name] Free Methodist Church,** may work with and/or acquire confidential and personal information pertaining to staff, members and adherents of the **[Church Name] Free Methodist Church**.

I agree to hold this confidential information in trust and I shall not (except as required in the performance of my duties), at any time, during my employment/service or following your employment/service, use or disclose or make available to anyone for use outside of the organization any of this personal or confidential information, without prior written consent of your superior.

Violation of this confidentiality agreement may be cause for immediate termination.

**INDIVIDUAL** (Employee, Student, Volunteer or Board Member)

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

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

**[CHURCH NAME] Free Methodist Church**

Signature (Staff Witness): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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