## **VOLUNTEER CONFIDENTIALITY UNDERTAKING**

provide volunteer services to the best of my can District. I agree that in the fulfillment of my role Public School District, I shall keep confidential information which I acquire, in the course and students and staff as a volunteer. I shall not us	e as a volunteer on behalf of the Grande Prairie all information of which I am aware, and scope of fulfilling my duties, or working with se, release, publish, or disclose any information pol-related activities, not through the completion of the form in which the information is acquired,
I acknowledge that the Grande Prairie Public School District and its employees and contractors are bound by the Freedom of Information and Protection of Privacy Act. I understand that this act applies to all records within the custody and control of Grande Prairie Public School District and that a record is defined as a record of information in any form and includes books, documents, maps, drawings, photographs, letters, vouchers, and papers and any other information that is written, photographed, recorded or stored in any manner.  I further acknowledge that personal information which is protected under the privacy of the provisions of the Freedom of Information and Protection of Privacy Act includes any recorded information about identifiable individuals, such as students or employees.	
Volunteer (print name)	Signature of Volunteer
Date	
(Please return this form to the Principal and/or	· supervisor)