

VOLUNTEER CONFIDENTIALITY STATEMENT

I, Name, am a volunteer for the Texas Department of Family and Protective Services. I UNDERSTAND:

- The information provided by DFPS is confidential by law;
- The information provided by DFPS may not be used for any purpose other than the purpose for which I am volunteering; and
- Any information, including client identities and case details, obtained while I am volunteering with DFPS must not be discussed or disclosed to any person, other than current DFPS employees and volunteers, and then only on a strict need-to-know basis within the scope of the volunteer placement.

I also UNDERSTAND the disclosure of this confidential information may be considered a violation of law subject to a criminal penalty under both the Texas Open Records Act, §552.352 Government Code and/or §40.005(e) Human Resources Code.

I have read this confidentiality statement fully, I understand what it means, and I am signing it freely and voluntarily.

Signature of Volunteer

Date

Signature of Parent (if the volunteer is a minor)

Date

This original Volunteer Confidentiality Statement must be returned to

Name, DFPS Placement Supervisor

Address,

City, TX Zip Code