



VOLUNTEER

CONFIDENTIALITY

AGREEMENT

I, the undersigned, accept that in my capacity as a volunteer for Dyspraxia/DCD Ireland, I may have the opportunity to become aware of sensitive information concerning the members, their families, staff, and operations of this organisation.

I am aware that anything I learn or experience during my volunteer interaction which may be considered private, sensitive, or privileged information must be held in strict confidence. I agree that I will not share protected information, nor divulge identifying information regarding the members, staff, or operations of Dyspraxia/DCD Ireland or related individuals or entities.

I understand that failure to comply with the confidentiality expectations may result in termination of my volunteer relationship with the organisation.

Signature: _____

Print name: _____

Date: _____

On behalf of Dyspraxia/DCD Ireland we would like to thank you for volunteering. We understand that you have made a commitment to us and we would like you to know that we truly do value your support.