



**ELEMENTARY SCHOOL DISTRICT**

Sharon McIntosh  
superintendent/principal

**VOLUNTEER CONFIDENTIALITY AGREEMENT FORM**

I understand that in the course of my volunteer time with Marcum-Illinois Elementary School I may become aware of confidential information about specific students, which may include such information as students' academic performance, behavior, health, disabilities and related matters. I understand and agree that I will not disclose such confidential information except to school employees who have a need to know.

I have reviewed the power point on Volunteer Training for Marcum-Illinois on the school website [marcum-illinois.org](http://marcum-illinois.org) and understand that I need to have a current TB test on file. ( The TB test is good for four years).

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

Thank you for your commitment of time!