

# Volunteer Statement of Confidentiality

## Buchanan County Public Library

By signing this document, I agree that I have read and am fully aware of the Buchanan County Public Library's confidentiality policies. I realize that the patrons trust us with their personal information, including information regarding their identity. I also understand that I may be privy to information concerning business practices and fellow employees. As a volunteer, it is my responsibility to protect this trust by refusing to share patron's or fellow employee's private information or their information needs with those who are not directly connected to the library, and by not discussing patrons, fellow employees, and library business practices outside the Buchanan County Public Library. I also agree to follow standard information clearing procedures as established by the library in order to better protect patron confidentiality.

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Signature

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Name

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Date

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Witnessed by