



**The Hope Center for Autism  
Confidentiality Agreement for Volunteers**

I understand and agree to maintain strict confidentiality with information to which I have access while volunteering at The Hope Center in classroom environments. I understand that all personally identifiable information regarding students is confidential and that I may not disclose or discuss the information except with the school staff when I am volunteering in classrooms or with students.

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Signature

Date

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Witness Signature

Date