



Interfaith
Hospitality
Network of
Summit CountySM

An Affiliate of Family PromiseSM

IHN of Summit County
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Date: _____

INTERFAITH HOSPITALITY NETWORK OF SUMMIT COUNTY

EMPLOYEE, BOARD MEMBER, AND VOLUNTEER CONFIDENTIALITY AGREEMENT

This agreement is a provision of contact with IHNSC, restricting employees/volunteers/board members, from divulging client's identities and/or information obtained while volunteering with IHNSC.

I, _____ agree that any and all knowledge and/or information regarding IHNSC guests/clients, that is obtained in the course of any involvement, volunteering, and/or employment with Interfaith Hospitality Network, will remain confidential. The names and identities of any and all clients will not to be shared with anyone outside of the Network, and that should I, at any time discontinue my relationship with Interfaith Hospitality Network, the names, identities and any information regarding adults, and especially all children, will continue to be kept confidential indefinitely.

I also understand and agree that only the Executive Director and Board President may discuss and/or release the Organization's programs and financial information with the general public.

Print Name: _____

Address: _____

Phone: _____

Signature: _____