



VOLUNTEER NON-DISCLOSURE AGREEMENT

I. The Parties. This Volunteer Non-Disclosure Agreement, referred to as the “Agreement”, applies to _____, referred to as the “Volunteer”, associated with and/or involved in the activities or affairs of **TRINITY HEALTH CENTER**, with a mailing address of **6935 Windchase Drive, Horn Lake, MS**, referred to as the “Volunteer Program”, with both the Volunteer and Volunteer Program collectively referred to as the “Parties”.

II. Confidential Information. All data, materials, knowledge, and proprietary information generated through, originating from or having to do with the Volunteer Program or persons associated with its activities, including contractors, is to be considered Confidential Information and is not to be disclosed to any outside party. This includes, but is not limited to, documents, information, designs, printed matter, policies, procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, and e-mail messages, whether internally between staff or outside the Volunteer Program is confidential and the sole property of Volunteer Program.

III. Clients. Client information, including all file information, is not be disclosed to any third party under any circumstances without the written consent of the Company.

IV. Damages. Any disclosure, misuse, copying or transmitting of any material, data, or information, whether intentional or unintentional, will subject Volunteer to disciplinary action, prosecution, and/or monetary damages according to the procedures set by Company and any applicable laws.

The signature of the Volunteer below acknowledges his/her agreement to the aforementioned terms.

Volunteer’s Signature _____ **Date** _____

Print Name _____