

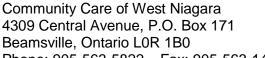
## **Confidentiality & Non-Disclosure Agreement**

As a result of my involvement with CCWN, I will acquire knowledge of confidential information of individuals, groups, agencies, and/or governments associated with CCWN business. This information is privileged and is not to be discussed with persons other than relevant CCWN staff, volunteers and members of the Board of Directors.

I understand it is the policy of CCWN to hold such confidential information in the strictest of confidence and recognize that the individuals, groups, agencies, and/or governments associated with CCWN business entitled to such protection as a matter of right.

By signing below, I undertake that both now and in the future, I will keep confidential and not disclose any or all information pertaining to individuals, groups, agencies, and/or governments associated with CCWN business unless otherwise stated in CCWN Policy.

l,	(Please print full name)	have read, understood, and accept this undertaking.
Date:		



Phone: 905-563-5822 Fax: 905-563-1401





## CONSENT FORM FOR USE OF TESTIMONIALS, PHOTOS, VIDEO RECORDINGS AND AUDIO RECORDINGSFOR PRINT AND/OR INTERNET USE

I,	grant permission to CCWN and person	s acting for o	
through them, the right to use, reproduce and/o	or distribute images, testimonials, sound re	ecordings	
and video recordings of me and/or my child(rer	en)		
for the purpose of promoting CCWN and progra	rams offered. The following manners inclu	offered. The following manners include:	
Testimonials:	YES NO		
<ol> <li>CCWN Website (communitycarewn.ca)</li> <li>Social Media (FB, Twitter, Instagram)</li> <li>Print Promotional Materials</li> </ol>			
Photo/Video:			
<ol> <li>CCWN Website (communitycarewn.ca)</li> <li>Social Media (FB, Twitter, Instagonal Print Promotional Materials</li> </ol>			
(Signature)	(Witness)		
(Signature of Guardian)	(Witness)		
Date:			

Community Care of West Niagara 4309 Central Avenue, P.O. Box 171 Beamsville, Ontario LOR 1B0 Phone: 905-563-5822 Fax: 905-563-1401

