



Community Involves Everyone

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.

I, _____ have read, understood, and accept this undertaking.
(Please print full name)

Date: _____.



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

I, _____ grant permission to CCWN and persons acting for or through them, the right to use, reproduce and/or distribute images, testimonials, sound recordings and video recordings of me and/or my child(ren) _____ for the purpose of promoting CCWN and programs offered. The following manners include:

Testimonials:	YES	NO
1. CCWN Website (communitycarewn.ca)	_____	_____
2. Social Media (FB, Twitter, Instagram)	_____	_____
3. Print Promotional Materials	_____	_____

Photo/Video:		
1. CCWN Website (communitycarewn.ca)	_____	_____
2. Social Media (FB, Twitter, Instagram)	_____	_____
3. Print Promotional Materials	_____	_____

(Signature)

(Witness)

(Signature of Guardian)

(Witness)

Date: _____