



## CCWN CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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. **Signature:**

\_\_\_\_\_

### CONSENT FOR USE OF TESTIMONIALS, PHOTOS, VIDEO RECORDINGS & 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: \_\_\_\_\_

\_\_\_\_\_

**Please Circle Yes or No**

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

**Testimonials**

- Yes or No  
Yes or No  
Yes or No

**Photo/Video**

- Yes or No  
Yes or No  
Yes or No

**(Signature)** \_\_\_\_\_

**(Witness)** \_\_\_\_\_

**(Signature of Guardian)** \_\_\_\_\_

**(Witness)** \_\_\_\_\_