

## Volunteer Nondisclosure & Confidentiality Agreement

The following information about the University of Virginia’s Development program, its donors, and prospects, shall not be shared with non-employees of the University.

* + - Personally identifiable information about faculty, employees, students, parents
    - Information on donors and prospects such as:
      * Lists of names, address, and phone numbers
      * Giving interests
      * Gift club membership
      * Giving categories and other relevant materials
      * Giving history and interests

As a volunteer representing the University of Virginia, I understand and agree to the following:

* + - I am provided with this information in strict confidence to enable me to perform my functions as a volunteer.
    - I will not share this information outside of the circle of University Advancement employees and volunteers acting on behalf of the University of Virginia.
    - I will ensure the information I receive is kept safe and secure from any unauthorized access, which includes preventing access to my computer files, paper files, or other media which contain University of Virginia data.
    - When my status as a volunteer is inactive, I will destroy all electronic copies and shred all paper copies of the data I have received.

Read and Understood (Signature) Date

Print Name

Reunion Class, Year, and School

**Please send original to:** University of Virginia Reunion Giving Office

PO Box 400807

Charlottesville, VA 22904-4807