**VOLUNTEER CONFIDENTIALITY STATEMENT  
ADMINISTRATIVE SUPPORT VOLUNTEER ROLES**

**THE MARINE MAMMAL CENTER**

In my role volunteering at The Marine Mammal Center, I realize that I may be granted access to information that is confidential and/or proprietary. Such information may be written or verbal and includes but is not limited to,

* Information relating to donors, potential donors or funders, funding requests, grants, marketing, and donor & prospect records
* Volunteer and staff personnel records and information
* Information related to the Center’s finances including payroll, financial projections, profit and margins, banking and/or taxes, investments, and vendor information
* Technical and business information relating to proprietary ideas and inventions and/or trade secrets
* Future plans, processes, criteria or decisions made with regards to business plans and models, fundraising or the advancement of The Marine Mammal Center

I understand that this information is designated as “Confidential Information” regardless of whether it was specifically stated at the time of disclosure.

Since confidential and proprietary information is crucial to the operation of The Marine Mammal Center and because the Center has the obligation to protect such information, I agree that I will not use, discuss, publish or disclose such information, except in the course of my volunteer position as appropriate to completing my duties. I understand that this includes disclosing any of the above information to fellow volunteer or staff members without specific permission of my supervisor. I further understand that I must preserve the restricted nature of this information during or subsequent to my volunteer assignment except to the extent that it becomes publicly available, or is otherwise lawfully obtained outside the scope of this agreement, from third parties.

I acknowledge the Center’s right to prohibit disclosure of the above information and that ongoing confidentiality must be respected.

**Specifically for Development Volunteer Roles**

* I have read and agree to follow the AFP Code of Ethical Standards and A Donor Bill of Rights.

I hereby certify that I have read, understand, and agree to these policies as described in this statement.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TMMC Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TMMC Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: AFP’s *A Donor Bill of Rights* and *Code of Ethical Standards*