CONFIDENTIALITY AGREEMENT LONG-TERM OMBUDSMAN PROGRAM VOLUNTEER JOB SHADOW

I understand that on a job shadow in a nursing home, I will have access to personal information about residents.	
I hereby agree to keep all such information confidential.	
SIGNED:	DATE:
(Dlaces towns in mours and data if you are submitting	this algetranically)

(Please type in name and date if you are submitting this electronically)