

# DREAMCATCHER HORSE RANCH RESCUE CENTER INC.



10639 Toad Road, Clermont, FL 34715

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## ACKNOWLEDGEMENT OF CONFIDENTIALITY

Please read this document thoroughly. If you have any questions about this document, please ask before you signing it.

I acknowledge the fact that as a volunteer at *DreamCatcher Horse Ranch Rescue Center, Inc.*, I may have access to confidential and personal information necessary to carry out my duties as a volunteer. This information may include but is not limited to the following confidential information:

- ❖ Personal information of contributors, adopters, and volunteers. This includes phone numbers, addresses, and email addresses.
- ❖ Business information relating to *DreamCatcher Horse Ranch Rescue Center, Inc.*
- ❖ Humane law case information.

I understand that approval to access and use this information in verbal, written, or electronic (stored on a computer) form is a privilege. I also understand that access to information is granted to me on a "need to know" basis and my responsibilities as a volunteer.

I understand that I may not seek out information that is not required for my volunteer position. I also understand that I may share information only with the approval of the Board of Directors. I agree to store and dispose of information which I use in a way that ensures continued security and confidentiality.

I understand that the methods I use to get information may only be used for the performance of my volunteer position. If I require special authorization to access computer-based information, I understand that my computer sign-on information may only be used by me and all passwords and codes must be given to the Board of Directors. I also understand that I may not give my sign-on information to anyone other than the Board of Directors and that this information is the same as my written signature. I accept full responsibility for any use of my sign-on information.

I declare that I have read and understand this Acknowledgement. I have had an opportunity to ask questions and have them answered. I recognize that unauthorized release of confidential information at any time during or after my affiliation with DreamCatcher Horse Rescue Center, Inc. or the owner of such information may seek legal remedies against me, such as fines, criminal penalties, suspension, termination, reimbursement and/or damages.

Name of Volunteer (*please print*): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

This document has been presented to the above-named volunteer. It has been fully explained and all questions posed by said volunteer have been answered.

Name of DHCR Representative (*please print*): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of DCHR Representative: \_\_\_\_\_