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| --- | --- | --- | --- |
| **A black and orange sign  Description automatically generated** | **POLICY & PROCEDURE** | | |
| **POLICY TYPE:** | **OPERATIONS** | **POLICY:** | **2.50** |
| **POLICY TITLE:** | **CONFIDENTIALITY**  **AGREEMENT** | **DATE APPROVED:** | **8.6.25** |

**CONFIDENTIALITY COMMITMENT**

As a jail chaplain volunteer, I understand and agree to maintain strict confidentiality regarding:

* All personal information shared by jail staff, inmates, their families, and community members
* Details of groups, prayer requests, and spiritual discussions
* Medical, legal, or personal circumstances disclosed during ministry
* Security procedures and facility operations
* Donor information, including names, contact details, and contribution amounts
* Any information that could compromise safety or legal proceedings

**EXCEPTIONS TO CONFIDENTIALITY**

I understand I MUST report:

* Immediate threats of harm to self or others
* Child abuse or neglect
* Plans to commit crimes
* Security breaches or contraband
* Any situation as required by law or facility policy

**ONGOING OBLIGATIONS**

* Confidentiality continues after volunteer service ends
* Information will not be shared with family, friends, or other volunteers
* No social media posts or public discussions about specific cases
* All records and notes remain property of Jail Chaplains

**ACKNOWLEDGMENT**

I have read, understood, and agree to abide by this confidentiality agreement. I understand that violation may result in immediate termination of volunteer privileges and potential legal consequences.

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Jail Chaplains Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_