



**The Emergency Food Assistance Program
Statement of Confidentiality – Food Bank, Pantry Partner Staff and Volunteers**

I, _____, understand and agree to follow The Emergency Food Assistance Program (TEFAP) policies and procedures of confidentiality during and following my employment/volunteerism with _____, the local agency administering TEFAP.

I agree to the following:

1. To conduct myself in a manner which maintains program applicant/participant confidentiality during all discussions that concern TEFAP services and eligibility, specifically:
 - a. All information given by applicants/participants regarding their income status, residency, and household will be kept strictly confidential.
 - b. Confidential information about applicants/participants is strictly prohibited from discussion outside of local agency operations.
 - c. Applicants/participants confidential information will not be discussed with other volunteers or TEFAP personnel except for required TEFAP certification or distribution purposes.

2. I further understand that violations of this confidentiality policy may result in disciplinary actions up to and including immediate dismissal or removal from the program's activities.

I acknowledge that I have read and understand the TEFAP policies and procedures concerning confidentiality.

Signature

Date

Print Name



This institution is an equal opportunity provider