



Community Blood Center
Community Tissue Services™

Volunteer Resources
349 S. Main Street
Dayton, Ohio 45402

VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand my responsibility as a Volunteer of Community Blood Center/Community Tissue Services (CBC/CTS) to insure that all rules of strict confidentiality are observed. I acknowledge that as a Volunteer of CBC/CTS I will be required to read and sign this agreement annually.

All donor/patient/customer/employee lists are property of CBC/CTS. All donor/patient/customer/ employee lists should be treated as physical property and considered trade secrets. Therefore, I agree not to disclose any confidential information to parties while volunteering at CBC/CTS, or after I leave.

I also understand that any breach of confidence of a donor's medical history, the removal or use of donor records, donor/customer or employee lists and the breach of confidence any donor or employee information I may receive, overhear or have access to during my duties, will be cause for immediate dismissal.

I further agree that I will neither disclose to any other person, firm, or corporation nor use for my personal benefit, during or after my volunteering, any information relating to CBC/CTS's confidential affairs, experimental or research work, inventions, methods, processes, tools, machinery, formulas or drawings unless specifically authorized in writing by Community Blood Center/Community Tissue Services.

I will promptly deliver to CBC/CTS upon voluntary or involuntary separation as a volunteer with CBC/CTS or at any time that it may so request, volunteer manuals, forms or information and all documents or items of a confidential nature belonging to CBC/CTS.

If I become aware of any confidential information being disclosed (even inadvertently) I will inform the Volunteer Services or Human Resources department immediately.

I will exercise good faith by not using any confidential company information (information not of common knowledge) acquired while a Volunteer at CBC/CTS, for personal gain.

In acknowledgement of my obligation to maintaining confidentiality, this agreement shall not terminate upon my leaving CBC/CTS.

Accepted and Understood
Volunteer Signature

Date

Volunteer Name (Print)

Volunteer Resources or Orientation Proctor

Date