

**AGAPE CHILD DEVELOPMENT CENTER &  
OASIS OF LOVE CRISIS INTERVENTION PROGRAM**

**Confidentiality Commitment Agreement Form**

(Internal Use for Board, Staff, Interns, and Volunteers)

I, \_\_\_\_\_ (print name) understand that confidentiality cannot be compromised on/off premise, or during my tour of duty as a representative of AGAPE OASIS. This means that I commit to the following statements:

1. I will not share information or circumstances about parents, children, clients, staff (paid/unpaid), volunteers, or board members. I will not disclose information regarding services provided by AGAPE OASIS or outside agencies through the use of documentation (print), telecommunications, contact in person, social networking, or by way of any other electronic media.
2. I will not divulge personal information, such as home addresses, telephone (cell phone) numbers, or employment status.
3. I will follow the “Duty to warn” Statute—my legal mandate to report to proper authorities a threat to harm participants or others.
4. I will NOT initiate public acknowledgment of program participants (parents, clients, or a client’s family members). EXAMPLE: At a PTA meeting, you notice a parent/client/family member. DO NOT approach unless he or she first acknowledges you and by first name only.
5. I will keep all children’s files locked in file cabinets and will never discuss your information in the presence of people who are not directly involved with your family or child.

AGAPE and the OASIS program are faith-based service providers operating under Rule 3 License in the State of Minnesota. My signature below indicates that I agree to and will comply with the statements contained herein.

**SIGNED BY STAFF/BOARD/VOLUNTEER/INTERN**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**