



Girl Scouts of Alaska
 3911 Turnagain Blvd. East, Anchorage, AK 99517
 (907) 248-2250, 1-800-478-7448
 www.girlscoutsalaska.org



E-Council Volunteer Confidentiality and Access Statement

In consideration as a volunteer of the Girl Scouts of Alaska, the undersigned hereby agrees and acknowledges:

1. During the course of my work as a volunteer there may be disclosed to me information of a confidential nature regarding the Council and/or the girls and families served;
2. All information that may be disclosed to me as a volunteer will be kept in the strictest of confidence. Such information may include, but not be limited to, computer/website database information, volunteer and donor lists, membership lists, strategic plans, financial information, and special projects information;
3. I shall not, during my tenure as a volunteer, or at any time after my tenure as a volunteer ends, use for myself or others, or disclose/divulge to others any confidential information. Any breach of confidentiality will be a violation of this signed agreement and will result in the loss of my status as a volunteer. I will also be held responsible for any damages/liability that may result from such breach of confidentiality.

Any matter of question or interpretation that arises relating to this agreement and Council policies regarding confidentiality should be referred to the Chief Executive Officer for decision and/or referral to the Board of Directors for decision, where appropriate.

As a condition of approval for access, I understand that I will have to be and remain a registered Girl Scout, complete a background check, complete other necessary volunteer paperwork and on line E Council training.

Name: _____ Date: _____

 (Signature)

Email address: _____

Volunteer Position (**Circle one**): Troop Leader/Co-Leader SU/Community Registrar Product Sales Mgr.

SU Manager/Community Coordinator **Service Unit/Community and Troop #:** _____

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For Office Use Only

GSUSA Registration complete Y/N

Background Check complete Y/N

Volunteer Paperwork completed Y/N

Password : _____

Permission granted by: _____
 (Signature)

Date: _____

Permission removed by: _____
 (Signature)

Date: _____