



CONFIDENTIALITY AGREEMENT FORM

This Agreement is made this _____ day of _____ 20___, by and between END HIV OKLAHOMA, INC. and _____.

In consideration of the volunteering of _____ by END HIV OKLAHOMA, INC., it is hereby agreed as follows:

1. CONFIDENTIAL INFORMATION: During my period of volunteer work, END HIV OKLAHOMA, INC. may disclose or cause to be disclosed to me, confidential information relating to personnel matters, such as information regarding salaries, medical treatment or diagnosis, terminations, layoffs or promotions, and disciplinary measures regard individual employees, financial information regarding contractual arrangements, pricing, letters of agreement or understanding, intellectual property developed by the END HIV OKLAHOMA, INC. employees, identifiable confidential matters or information regarding prospective business of the END HIV OKLAHOMA, INC. I recognize such information to be the property of END HIV OKLAHOMA, INC. and I agree to hold such information in trust and solely for END HIV OKLAHOMA, INC's benefit and not to disclose such information to those inside or outside END HIV OKLAHOMA, INC., either during or after volunteering, without the written consent of an officer of END HIV OKLAHOMA, INC.

Upon leaving the END HIV OKLAHOMA, INC. Volunteer Program, I agree not to take with me, without first obtaining the written consent of an officer of the END HIV OKLAHOMA, INC., any document or tangible evidence of confidential information or data belonging to, or under the control of, END HIV OKLAHOMA, INC., whether on disk, record or hard copy, whether an original or a reproduction.

By END HIV OKLAHOMA, INC.:

Volunteer Signature Date

Supervisor's Signature Date