



Gloucester Police Department Volunteer ANGEL Pledge of Confidentiality

This is to certify that I, _____, a volunteer for the ANGEL Program, understand that any information (written, verbal or otherwise) obtained during the performance of my duties must remain confidential including, but not limited to, all information pertaining to program participant, families, members of the Gloucester Police Department, employees of Addison Gilbert Hospital, Lahey Hospital and/or other associated organizations.

I understand that any unauthorized release of this confidential information is considered a breach of the duty to maintain confidentiality and a possible breach of state or federal law.

I further understand that any breach of the duty to maintain confidentiality may be grounds for immediate dismissal from the ANGEL Program and/or possible legal action arising out of such breach.

I agree that there if there is any exchange of contact information (phone numbers, email addresses, physical addresses, etc.) with the program participant, this will be done only with mutual agreement between the program participant and the ANGEL.

I further agree that any scheduled contact with the program participant outside of the Addison Gilbert hospital or the Gloucester police department is a personal decision and will not be inclusive in any part of the ANGEL program.

Signature of Volunteer Angel

Date

Signature of Witness