

## **VOLUNTEER STATUS CONFIRMATION & CONFIDENTIALITY AGREEMENT**

As a volunteer to Boston University, you play an important role in assisting the University to accomplish its education and charitable mission and contributing to the success of students, faculty, and staff. Boston University thanks you for volunteering. A volunteer willingly performs unpaid service for civic, charitable or humanitarian reasons or to gain practical work experience. Volunteers must perform such services without promise, expectation or receipt of compensation, including the promise of future employment, deferred payment, or other tangible benefit. Such services must be offered willingly and voluntarily.

### **1. Confirmation of Volunteer Status**

By signing below I hereby acknowledge and agree that: i) I am volunteering my time and service to Boston University; ii) I am not an employee of Boston University; iii) I do not have any expectation of future employment with Boston University; iv) I have not been promised compensation or anything of value in exchange for volunteering; and v) I do not expect to receive compensation or anything of value in exchange for volunteering.

Further, I understand that I have made no firm commitment to the University. I may come and go as I please. I also understand that Boston University has made no commitment to me and if requested to leave the premises by my supervisor or other employee in the office in which I'm working, I agree to do so. At all times as a volunteer, I agree to act in a courteous and polite manner and I agree to abide by all University policies and procedures.

### **2. Confidentiality**

As a volunteer, I agree to adhere to the confidentiality policies that govern information acquired through my activities. This information may include, but is not limited to, student, faculty and staff personnel, financial or academic records; faculty teaching and research; and, University business information and internal communications, which includes conversations related to office and/or University operations. This may include technical information, patentable inventions, trade secrets as well as information about trademarks and/or copyrights. I understand that both I am obligated to protect the confidentiality of this information, and that I may not reproduce, disseminate or disclose its contents to any third party in any way.

I understand that I am required to follow the terms of the University's Information Security Policy ([http://www.bu.edu/policies/pdf/Info\\_Security\\_Policy\\_02-17-10\\_2.pdf](http://www.bu.edu/policies/pdf/Info_Security_Policy_02-17-10_2.pdf)) and the University's Personal Information Protection Program ([http://www.bu.edu/policies/pdf/PI\\_Protection\\_Program\\_02-12-10\\_2.pdf](http://www.bu.edu/policies/pdf/PI_Protection_Program_02-12-10_2.pdf)).

Boston University expects that all volunteers will respect the confidentiality of work-related information and adhere to these policies. Any failure to do so may result in legal action to protect University's rights, including dismissal.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out and return to the main office of the Department of Psychological & Brain Sciences (Room 149).