

VOLUNTEER CONFIDENTIALITY AGREEMENT



I, _____ of _____
(Name and Date of Birth) (Address)

hereby undertake and agree that I shall keep strictly confidential, all information which I may indirectly or directly have access to through my engagement with **Central Australian Women's Legal Service Inc.**

I acknowledge that the staff of Central Australia Women's Legal Service Inc. have explained to me the necessity to respect the privacy and confidence of all clients.

AGREEMENT			
FULL NAME			
SIGNATURE			
DATE			
WITNESS NAME		DATE	