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|  | **Brain Injury Association of Waterloo-Wellington** **Advocate | Educate | Connect | Empower****Email**: info@biaww.com **Website**: [www.biaww.org](http://www.biaww.org)**“Like” us on Facebook:** [www.facebook.com/BrainInjuryAssociationWaterlooWellington/](http://www.facebook.com/BrainInjuryAssociationWaterlooWellington/) |

**Volunteer Oath of Confidentiality**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do swear that I will faithfully discharge

my duties as a volunteer with the

Brain Injury Association of Waterloo Wellington (BIAWW)
and will observe and comply with the

Laws of Canada and Ontario, and

except as I may be required legally,

I will not disclose or give to any person

any information or document

that comes to my knowledge or possession

by reason of my being a volunteer with the

Brain Injury Association of Waterloo Wellington (BIAWW).

Signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_.

Witnessed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_.