|  |  |
| --- | --- |
|  | **Brain Injury Association of Waterloo-Wellington**  **Advocate | Educate | Connect | Empower**  **Email**: [info@biaww.com](mailto: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 \_\_\_\_.