



CONFIDENTIALITY FORM

DEFINITIONS:

In this document, the following terms have the following meanings:-

"Agreement": this document as drawn between Phoenix French Bulldog Rescue and the named individual;

"Rescue": the Phoenix French Bulldog Rescue;

"Team Member": any serving member of the Phoenix French Bulldog Rescue Team;

"Management Team Member": any serving member of the Phoenix French Bulldog Management Team;

"Trustee": any such person as holds the post of Trustee of Phoenix French Bulldog Rescue at any given time.

I, **[INSERT NAME]**, understand that, during my time as a Volunteer, information will be disclosed to me that the Rescue considers to be of a confidential nature. I also understand that it is important to the business of the Rescue that such information be kept confidential and that, to this end, the Rescue will require that information not be disclosed or used except as agreed by the Rescue in advance.

Role to be undertaken: **REGIONAL CO-ORDINATOR/REGIONAL MANAGER /EVENTS CREW / FUNDRAISING TEAM / GENERAL VOLUNTEER / ROAD TRAINER / OTHER (please state)**
(circle/delete as applicable)

I confirm that I agree to keep confidential all information disclosed to me by any Management Team Members and all Rescue business. I confirm that I will not make use of such information without prior written agreements with the Founder of the Rescue, the consent of whom will only be provided upon a decisive vote by a quorum of the Management Team Members and/or Trustees. I understand that this agreement does not cover information which is already generally known or which I can show was known to me prior to becoming a Team Member. I understand that there will be a probationary period prior to access to Team information where the role may require me to have access.

I consent to these personal details being held on an electronic database and accept that they will be stored by PFBR for their use only and will never be sold or given to any other company or individual. I may ask to be removed from this database at any time.

Name:

Address:

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Contact Number(s): Home: Mobile:

Work: (please indicate preferred contact method)

Email address:

Signed: *(must be signed with usual signature, not typed)*

Print Name:

Date:

Please complete this form in duplicate, keep a copy for yourself and return one to your Regional Manager/Coordinator by email (photos or scanned copies)

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