

A. Oath of Confidentiality

I, the undersigned _____,
(print name)

agree that I will keep confidential any personal information which comes to me as a result of

carrying out my responsibilities as a member of the _____ of
Ministry Program

parish or family of parishes

I will hold this information for as long as I shall live, so help me God.

Given this _____ day of _____, in the year _____.

Signature of Coordinator

Witness

This completed document is to be placed in the Volunteer's file.