



Stephenson County Fair Association

Statement of Confidentiality Agreement Policy

Respecting the privacy of our clients, donors, members, staff, volunteers and of the Stephenson County Fair Association itself is a basic value of Stephenson County Fair Association. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the Executive Committee of the Stephenson County Fair Association. Care shall also be taken to ensure unauthorized individuals do not overhear any discussion of confidential information and documents containing confidential information are not left in the open or shared actively or inadvertently.

Employees, volunteers and board members of Stephenson County Fair Association may be exposed to information which is confidential and/or privileged and proprietary in nature. The policy of Stephenson County Fair Association is that such information must be kept confidential both during and after employment or volunteer service. Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separations from employment or expiration of service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal, dismissal or possible legal and/or criminal action.



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Certification

I have read Stephenson County Fair Association's Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor/the Executive Committee immediately if I believe any violation (unintentional or otherwise) of the policy has occurred by myself or by anyone else that I may have witnessed. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with Stephenson County Fair Association and/or legal or criminal committed against me.

Signature

Printed Name

Date (mm/dd/yyyy)