

Binghamton University Foundation Volunteer Confidentiality Agreement

Name: _____

Address: _____

Preferred Phone Number: _____ Email Address: _____

I understand that the Binghamton University Foundation will provide me, as a Volunteer, with access to certain private and confidential information (“Confidential Information”), including the names, email addresses, and mailing addresses of certain students, prospective students, alumni, parents and friends of the Foundation or University. I understand that all information about these constituents to which I am provided access by the Foundation shall be considered Confidential Information.

I understand that accessing the Confidential Information may involve use of the Foundation’s information technology resources. I understand that my use of these resources is subject to the Foundation’s Acceptable Use of Information Technology Resources Policy.

I understand that the Confidential Information will be the property of the Foundation at all times. I also understand that the Confidential Information is sensitive and must be properly protected from disclosure. I will not share the Confidential Information with any entity or other person, except for volunteers, employees or other agents of the Foundation who, based on their duties with the Foundation, have a “need to know” and who sign a Confidentiality Agreement.

I understand that if I am provided a username and password to access the Confidential Information, my log-in credentials (including my ID and password) are themselves confidential information. I will not share either the username or the password with any entity or other person, and will store the username and password as carefully and securely as I store personal passwords to access my own financial information. I will not download, print, store, or otherwise create or retain a copy of the Confidential Information, except as allowed by the Foundation through normal use of the system.

I will not act for personal gain or to the detriment of others based on the information to which I have access.

I will not access nor seek to gain access to confidential information except to fulfill my assigned duties.

I will not make unauthorized copies of confidential information nor install or otherwise use devices, tools or software to enable others to have unauthorized access to such information and will notify the Foundation if I have reason to believe my log-in credentials have been compromised and/or confidential information has been shared without authorization.

I will notify the Foundation in the event that my role materially changes or I no longer require access to this information.

I will keep confidential hard copy documents in a secure place when not in active use, and I will shred confidential documents when no longer needed in accordance with Foundation policy and/or a supervisor's instructions.

I have read and understand the terms of this agreement.

Volunteer's Signature: _____ Date: _____

Volunteering for BU Department: _____

Supervising BU Employee: _____

Description of Volunteer Duties: