

## Iowa 4-H Youth Development Program



# 4-H Leader/Volunteer Services Confidentiality Statement

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I do hereby acknowledge that in my service as a volunteer for the Iowa State University Extension & Outreach 4-H Youth Development Program, I will have access to confidential information contained in records of youth and families participating in the 4-H program. I agree that I shall not disclose any such information to any unauthorized person, and I will adhere to confidentiality guidelines of the Iowa State University Extension & Outreach 4-H Youth Development Program. I acknowledge that a proven breach of confidence could be cause for termination from my position.

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4-H Leader/Volunteer's Signature

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Date

I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the volunteer named above.

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Signature of Designated County Staff

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Date

**IOWA STATE UNIVERSITY**  
Extension and Outreach

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