

Today's Date _____

Hands of Mercy Everywhere Inc.

Confidentiality Pledge

I, _____ hereby pledge that all
(Name)

information, including house guests, financial information, facility supporters or any other confidential information I learn while at Hands of Mercy Everywhere, Inc. will not be shared with anyone. This includes my family, co-workers, and/or friends.

I understand that if I break my pledge of confidentiality that I will be immediately discharged and/or asked to permanently vacate the premises as an employee, volunteer, resident or a guest.

Please help us protect our promise.

Name

Phone #

Signature

Date

Circle One : Employee Volunteer Guest Teen Resident

Reason for Visit _____

Drivers License # and copy attached _____