



CY-WOODS BAND BOOSTER ASSOCIATION
Band and Color Guard

VOLUNTEER
OATH OF CONFIDENTIALITY

I, _____, understand the need to
(Please print) _____, understand the need to
maintain volunteer professionalism in my presence and confidentiality regarding
information I might gain about students, faculty and staff as I volunteer at Cy Woods
High School.

I also understand that I am **not** to discuss individual student progress or behavior with
any other person than the supervising staff.

(Volunteer Signature)

Signed this _____ day of _____ 20 _____

Please return this form to your booster club representative.

This form is active and on file at school for the current school year.