

Confidentiality Statement

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*University of Maryland Extension's
4-H Youth Development Program*



I understand that as a volunteer for the University of Maryland Extension, I am expected to follow professional standards and practices of confidentiality. I will not disclose or discuss the facts of any individual(s) except in the conduct of official Extension business. I accept full liability for any breach of confidentiality which I may cause.

Volunteer Printed Name

Volunteer Signature

Date

Witness Signature

Date

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