**University of Wisconsin-Parkside**

**Confidentiality Statement**

I understand that as a volunteer at the University of Wisconsin-Parkside I must maintain confidentiality of all students and staff enrolled or employed at the University that includes any and all information disclosed verbally or in writing. Violation of maintaining confidentiality will result in immediate removal of my ability to continue as a volunteer at UW-Parkside.

Print Volunteer Name

Signature of Volunteer Date

**Sexual Violence & Sexual Harassment Policy #36**

**Receipt Acknowledgement**

I am in receipt of the University of Wisconsin-Parkside Sexual Violence & Sexual Harassment Policy #36. I have read and understand the policy and agree to adhere to the policy guidelines as a condition of my volunteer duties and my continuing volunteer duties at UW-Parkside.

Print Name

Signature Date

### Acceptable Use of IT Resources Policy #58

**Receipt Acknowledgement**

I am in receipt of the University of Wisconsin-Parkside Acceptable Use of IT Resources Policy #58. I have read and understand the policy and agree to adhere to the policy guidelines as a condition of my volunteer duties and my continuing volunteer duties at UW-Parkside.

Print Name

Signature Date

Cc: Personnel File