



**Victim Response, Inc/The Lodge
P.O. Box 470728
Miami, Fl. 33147
(305) 693-1170**

Confidentiality Agreement

I, _____, will not give out the location of The Lodge or any information about those who reside there.

Revealing the location of the shelter or the identity of the residents could jeopardize the safety of the shelter residents and the employees.

I understand the need for keeping the location secret and not revealing the identities of the residents and will not reveal this information to anyone.

The safety and well being of the residents as the integrity of The Lodge depends heavily on the staff and volunteers respect for the privacy of our residents.

I have read this statement and understand I can be relieved immediately of my position at The Lodge if I fail to comply with the Lodge's policies and procedures pertaining to confidentiality. My signature below indicates I understand, agree to, and will comply with The Lodge's confidentiality policies and procedures.

Volunteer Signature

Date